2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000382

FILED Mar 27, 2009 Secretary of State

Entity Name: LANDMARK COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1001 WEST S. R. 434 WINTER SPRINGS, FL 32708 **Current Mailing Address: New Mailing Address:** 1001 WEST S. R. 434 WINTER SPRINGS, FL 32708 FEI Number: 20-0616766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STONE, SHERRIE C 1001 WEST S.R. 434 WINTER SPRINGS, FL 32708 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HALL, DAVID C Name: HALL, DALE Name: 469 SO. TRIPLET LAKE DRIVE Address: 1001 WEST S. R. 434 Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change () Addition STONE, JAMES S Name: Name: Address: 180 N. EDGEMON AV Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition BARE, KENNETH D JR. Name: Name: Address: 124 CROWN COLONY WAY Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STONE, SHERRIE C Name: Address: 180 N EDGEMON AV Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change (X) Addition HALL, TANYA Name: Name: 1001 WEST S. R. 434 Address: Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change (X) Addition STEPHANIE, BARE Name: Name: Address: Address: 124 CROWN COLONY WAY SANFORD, FL 32771 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRIE S. STONE S 03/27/2009