

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000463

FILED
May 06, 2008
Secretary of State

Entity Name: RCCG GO YE CHAPEL, INC.

Current Principal Place of Business:

850 CESERY BLVD.
UNITS 5, 6 & 7
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

850 CESERY BLVD
UNITS 5, 6 & 7
JACKSONVILLE, FL 32211

New Mailing Address:

850 CESERY BLVD.
UNITS 5, 6 & 7
JACKSONVILLE, FL 32211

FEI Number: 20-3038563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLORUNNIPA, ZACCH
2882 ROYAL OAKS DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: OLORUNNIPA, ZACCH
Address: 3882 ROYAL OAKS DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BADEWA, ISRAEL
Address: 3501 TOWNSEND BLVD #301
City-St-Zip: JACKSONVILLE, FL 32277

Title: A/PS () Delete
Name: DAVID, MICHAEL
Address: 2319 CHARTLEY LANE N..
City-St-Zip: JACKSONVILLE, FL 32246

Title: S/PS () Delete
Name: OGUNSINA, ADEDAPO
Address: 3545 CESERY BLVD.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCN (X) Change () Addition
Name: BADEWA, ISRAEL
Address: 3211 CRISTO LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: A/PS (X) Change () Addition
Name: DAVID, MICHAEL
Address: 12211 WOODBEND CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: S/PS (X) Change () Addition
Name: OGUNSINA, ADEDAPO
Address: 7354 LAWN TENNIS LANE
City-St-Zip: JACKSONVILLE, FL 32277

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: AO

Electronic Signature of Signing Officer or Director

S/PS

05/06/2008

Date