

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002247

FILED
Mar 12, 2009
Secretary of State

Entity Name: LEM TURNER CIRCLE CHURCH OF CHRIST, INC.

Current Principal Place of Business:

7131 LEM TURNER CIRCLE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

7131 LEM TURNER CIRCLE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 20-0825743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER & BARKER PA
4244 ST JOHNS AVE
JACKSONVILLE, FL 32210 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: KINSON, CLAYTON E
Address: 1036 BLUEHILL DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: KINSON, CHERYL L
Address: 1036 BLUEHILL DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: CROSS, LORENZO
Address: 8221 PORTSMOUTH AVE.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: CROSS, MICHAEL
Address: 11544 BIRCHFOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: JONES, ANDREW
Address: 6624 LAMPONE COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: HILL, FRANK
Address: 1489 BEACHERLANE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CROSS, LORENZO
Address: 6117 TRISH CT
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: CROSS, MICHAEL
Address: 11230 YOUNG RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: DUNSON, LISA
Address: 1016 BACALL RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
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: CHERYL KINSON

D

03/12/2009

Electronic Signature of Signing Officer or Director

Date