2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N04000002249

Entity Name: WORKPLACE CHRISTIAN FELLOWSHIP MINISTRY, INC.

Current Principal Place of Business:

12203 GLENCLIFF CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12203 GLENCLIFF CIRCLE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 51-0531840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARSON, RONALD D
12203 GLENCLIFF CIRCLE
TAMPA, FL 33626 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: LARSON, RONALD D
Address: 12203 GLENCLIFF CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete
Name: LARSON, MARILOU I
Address: 12203 GLENCLIFF CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete
Name: GIBNEY, RICHARD
Address: 15002 MAURINE COVE LN
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: MAYER, HAL
Address: 12717 TAR FLOWER DR
City-St-Zip: TAMPA, FL 33636

Title: D ( ) Delete
Name: MERLY, JESUS
Address: 12315 WYCLIFF PL
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RONALD D. LARSON MR. 04/05/2009

Electronic Signature of Signing Officer or Director — Date