

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004734

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** THE MEETING PLACE, WORSHIP CENTER INC.

**Current Principal Place of Business:**

241 S 78TH STREET  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3212  
RIVERVIEW, FL 33568

**New Mailing Address:**

**FEI Number:** 34-1986183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHONE, DON J  
12349 YELLOW ROSE CIRCLE  
RIVERVIEW, FL 33569 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: P/D ( ) Delete  
Name: RHONE, DON J  
Address: 12349 YELLOW ROSE CIRCLE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: V/D ( ) Delete  
Name: RHONE, ALETA  
Address: 12349 YELLOW ROSE CIRCLE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: T ( ) Delete  
Name: WILSON, KENDRA J  
Address: 10529 JULIANO DRIVE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D ( ) Delete  
Name: RICHARD, MEYERS  
Address: 122 PERNELL JOHNSON DRIVE  
City-St-Zip: SEFFNER, FL 33584 US

**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:

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: KENDRA J WILSON

T

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date