

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004936

FILED
Feb 18, 2008
Secretary of State

Entity Name: BOYETTE SPRINGS CHURCH OF GOD, INC.

Current Principal Place of Business:

12114 BOYETTE RD
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

PO BOX 1716
RIVERVIEW, FL 33568

New Mailing Address:

12114 BOYETTE RD
RIVERVIEW, FL 33569

FEI Number: 34-2003294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, CHRIS
12114 BOYETTE RD
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: PD () Delete
Name: ARMSTRONG, CHRIS
Address: 12114 BOYETTE RD
City-St-Zip: RIVERVIEW, FL 33569

Title: TSD () Delete
Name: STOREY, SUSIE A
Address: 2719 OAKHILL VILLAGE DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: THORNTON, CHARLES W
Address: 3953 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: JOINER, JOEL
Address: 11309 J&B DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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: SUSIE A. STOREY

TSD

02/18/2008

Electronic Signature of Signing Officer or Director

Date