2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006756

Entity Name: RELEVANT CHURCH, INC.

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4725 E. 7TH AVE 4725 E. 7TH AVE SUITE 4 SUITE 4 TAMPA, FL 33605 TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** 4725 E. 7TH AVE SUITE 4 TAMPA, FL 33605 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAIR, JAMES ADAIR, JAMES P 4113 LEILA AVE 4113 LÉILA AVE TAMPA, FL 33616 US US TAMPA, FL 33616 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: JAMES ADAIR 01/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DVS () Change () Addition () Delete MANN, TIM Name: Name: Address: 3108 POINT TRAIL Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: DP Title: () Delete () Change () Addition Name: WIRTH, PAUL A Name: Address: 2336 TOWERING OAKS CIR Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: DT () Delete Title: (X) Change () Addition ADAIR, JAMES Name: ADAIR, JAMES P Name: Address: 4113 LEILA AVE Address: 4113 LEILA AVE City-St-Zip: TAMPA, FL 33616 City-St-Zip: TAMPA, FL 33616 Title: () Delete Title: DVS () Change (X) Addition VON DEM BUSSCHE, CARL F JR. Name: Name: Address: Address: 9404 HIDDEN WATER CIR City-St-Zip: City-St-Zip: RIVERVIEW, FL 33569

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: JAMES ADAIR DT 01/29/2009