

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002026

FILED
Apr 16, 2009
Secretary of State

Entity Name: FELLOWSHIP CHURCH OF LAKE CITY, INC.

Current Principal Place of Business:

207 SE GOLDIE WAY
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

207 SE GOLDIE WAY
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 04-3807435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, GREG
207 SE GOLDIE WAY
LAKE CITY, FL 32025 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 () Delete
Name: POTTS, BILL
Address: 182 NW CROWN JEWEL
City-St-Zip: LAKE CITY, FL 32055

Title: T () Delete
Name: SHERRILL, JOE
Address: 447 NW BATTLEHILL LANE
City-St-Zip: LAKE CITY, FL 32055

Title: V () Delete
Name: SCHEUBLE, WALTER
Address: 383 SW HERITAGE COURT
City-St-Zip: LAKE CITY, FL 32024

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:

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: BILL POTTS

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date