2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000002374

Entity Name: FAITH SPRINGS CHRISTIAN LIFE CHURCH INC.

Current Principal Place of Business:

600 FREYER DR.
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

600 FREYER DR.
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 20-2464773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIGO, SHELDON G
745 GRAND PLAZA DR.
ORANGE CITY, FL 32763 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:	TREA	( ) Delete
Name:	COLLIER, CAROLYN L	
Address:	2115 HAMMOCK MOSS DR.	
City-St-Zip:	ORLANDO, FL 32820	
Title:	SEC	( ) Delete
Name:	CRAIGO, LOIS S	
Address:	600 FREYER DR.	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	TRUS	( ) Delete
Name:	CRAIGO, SHELDON G	
Address:	745 GRAND PLAZA DR.	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	P	( ) Delete
Name:	WRIGHT, RANDALL K	
Address:	191 SHERIDAN AVE.	
City-St-Zip:	LONGWOOD, FL 32750	

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:	P	(X) Change ( ) Addition
Name:	WRIGHT, RANDALL K	
Address:	261 DUBLIN DR	
City-St-Zip:	LAKE MARY, FL 32746	

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: SHELDON G CRAIGO TRUS 04/30/2009

Electronic Signature of Signing Officer or Director — Date