

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004265

FILED
Apr 17, 2009
Secretary of State

Entity Name: CLASH CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

21376 MARINA COVE CIR
C17
AVENTURA, FL 33180 US

New Principal Place of Business:

21376 MARINA COVE CIRCLE
AVENTURA, FL 33180 US

Current Mailing Address:

P.O. BOX 800554
AVENTURA, FL 33280 US

New Mailing Address:

FEI Number: 20-2739824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILES, LESLIE D
21376 MARINA COVE CIR
C17
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GILES, LESLIE D
21376 MARINA COVE CIR
AVENTURA, FL 33180 US

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: _____

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILES, LESLIE D
Address: 21376 MARINA COVE CIR C17
City-St-Zip: AVENTURA, FL 33180 US

Title: TRES () Delete
Name: CHAPLES, RICHARD L
Address: 1543 GARFIELD
City-St-Zip: AVENTURA, FL 33020 US

Title: SECT () Delete
Name: GILES, MARY M
Address: 21376 MARINA COVE CIRCLE C17
City-St-Zip: AVENUTRA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILES, LESLIE D
Address: 21376 MARINA COVE CIRCLE
City-St-Zip: AVENTURA, FL 33180 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change () Addition
Name: GILES, MARY M
Address: 21376 MARINA COVE CIRCLE
City-St-Zip: AVENUTRA, FL 33180

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: LESLIE D. GILES

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date