2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005080

FILED Mar 05, 2009 Secretary of State

Entity Name: LIVING ROCK EVANGELICAL FOUNDATION INCORPORATED.

Current Principal Place of Business:				New Principal Place of Business:			
5017 HOLLYCREST DRIVE JACKSONVILLE, FL 32205				7540 103RD. STREET, #110 JACKSONVILLE, FL 32210			
Current Mailing Address:			Ne	New Mailing Address:			
PO BOX 2011 JACKSONVILLE, FL 32203							
FEI Number: 20-2904127 FEI Number Applied For () FEI Number			FEI Number	mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of Cu	ırrent Registered Agent:	Na	ame and A	Address of I	New Regist	ered Agent:
DIXON, JOHNNY S SR 3366 COUNTRY PINES DR MIDDLEBURG, FL 32068 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:							
Electronic Signature of Registered Agent						Da	ite
OFFICERS AND DIRECTORS:			A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	O () [DIXON, JOHNNY 3366 COUNTRY MIDDLEBURG, F	PINES DR	Add	me: dress:	D (X DIXON, JOHNN 3366 COUNTR MIDDLEBURG	Y PINES DR	Addition
Title: Name: Address: City-St-Zip:	O ()[DIXON, PATRICI 3366 COUNTRY MIDDLEBURG, F	PINES DR	Add	me: dress:	D (X DIXON, PATRI 3366 COUNTR MIDDLEBURG	Y PINES DR	Addition
Title: Name: Address: City-St-Zip:	D () [REED, D JEANN 259 CRESCENT E BRIDGEWATE	STREET	Add	e: me: dress: y-St-Zip:	() Change()/	Addition
Title: Name: Address: City-St-Zip:	D () E MATHIS, MICHAE P.O. BOX 594 DURHAM, NC 27		Add	e: me: dress: y-St-Zip:	() Change()/	Addition
Title: Name: Address: City-St-Zip:	O () [SUGGS, ROBIN 2692 FORMAN C MIDDLEBURG, F	RCLE	Add	e: me: dress: y-St-Zip:	() Change()/	Addition
Title: Name: Address: City-St-Zip:	1()	Delete	Add	me: dress:	O (HICKS, ANGEL 676 CORDURO ORANGE PARI	DY COURT	
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.							

Electronic Signature of Signing Officer or Director

SIGNATURE: PATRICIA L DIXON

Date

03/05/2009

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