

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007192

FILED
Apr 11, 2008
Secretary of State

Entity Name: LABELLE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

125 EUCLID STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

8040 INDIAN MOUND RD.
MOORE HAVEN, FL 33471

New Mailing Address:

5495 109TH DR.
LIVE OAK, FL 32060

FEI Number: 01-0863154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSSELL, DAVID A
8040 INDIAN MOUND RD.
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

BUSSELL, DAVID A
5495 109TH DR..
LIVE OAK, FL 32060 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

04/11/2008

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTIN, JOHNNY M
Address: 125 EUCLID STREET
City-St-Zip: LABELLE, FL 33935

Title: DV () Delete
Name: BUSSELL, DAVID A
Address: 8040 INDIAN MOUND RD.
City-St-Zip: MOORE HAVEN, FL 33471

Title: ST () Delete
Name: BUSSELL, NANCY K
Address: 8040 INDIAN MOUND RD.
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: BUSSELL, DAVID A
Address: 5495 109TH DR
City-St-Zip: LIVE OAK, FL 32060

Title: ST (X) Change () Addition
Name: BUSSELL, NANCY K
Address: 5495 109TH DR
City-St-Zip: LIVE OAK, FL 32060

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: DAVID A. BUSSELL

Electronic Signature of Signing Officer or Director

DV

04/11/2008

Date