

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 08, 2009
Secretary of State**

DOCUMENT# N05000007192

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:

5495 109TH DR.
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 01-0863154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DAVID A. BUSSELL

RA

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date