

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010661

FILED
May 02, 2009
Secretary of State

Entity Name: THE LIZZIE M. JOHNSON MEMORIAL CHURCH, INC.

Current Principal Place of Business:

5 WATER OAK PALM
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351015
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 16-1737288 **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:

PRINCE, WILLA L PH.D
5 WATER OAK PALM
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

PRINCE, WILLA L PH.D
5 WATER OAK PLACE
PALM COAST, FL 32137 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: DR. WILLA L. PRINCE

05/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARDIN, ANDREW
Address: 919 BUNNS AVE.
City-St-Zip: WYOMING, OH 45215

Title: D () Delete
Name: JOHNSON, MICHAEL
Address: 10007 THOROBRED
City-St-Zip: CINCINNATI, OH 45231

Title: D () Delete
Name: JOHNSON, HENRY
Address: 63 VILLAGE CR.
City-St-Zip: PALM COAST, FL 32164

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:

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: DR WILLA L. PRINCE

DR.

05/02/2009

Electronic Signature of Signing Officer or Director

Date