

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N06000000621

Entity Name: THE NEW CHURCH AT LAKE HELEN, INC.

Current Principal Place of Business:

145 N. EUCLID AVENUE
LAKE HELEN, FL 32744

New Principal Place of Business:

Current Mailing Address:

145 N. EUCLID AVENUE
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 23-1445615 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLE, MICHAEL S
362 TRAVINO AVENUE
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Title: TP () Delete
Name: COLE, MICHAEL S
Address: 362 TRAVINO AVENUE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: TT () Delete
Name: FURRY, JOHN W
Address: 451 MONTANA AVE
City-St-Zip: DAVENPORT, FL 33897

Title: T () Delete
Name: ZEITZ, WILLIAM R
Address: 2465 EAST LAKE DRIVE
City-St-Zip: DELAND, FL 327244

Title: S () Delete
Name: FURRY, LOIS
Address: 702 MONTANA AVE
City-St-Zip: DAVENPORT, FL 33897

Title: T () Delete
Name: JACQUIE, JOHNS
Address: 467 QUEENSBRIDGE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: MORRIS, BRENT
Address: 264 KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

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:

Title: () Change () Addition
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Title: () Change () Addition
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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: BRENT MORRIS

T

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date