2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000878

Entity Name: IGNITED CHURCH INC

FILED Jan 16, 2009 Secretary of State

Entity Nai	me: IGNITED	CHURCH, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HWAY 98 NOR D, FL 33809	TH			
Current Mailing Address:			New Mailing Address:		
	HWAY 98 NOR D, FL 33809	TH			
FEI Number	: 20-4213105	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
5859 HIGH	R, STEPHEN R HWAY 98 NOR D, FL 33809				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FLUITT, CLARI	DEAWAY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEAMSTER, FI	ESBORO ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (ZINK, PAUL D 2701 HODGES JACKSONVILL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (STRADER, STE 2447 TAHOE D LAKELAND, FL	R	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (STRADER, JAN 2447 TAHOE D LAKELAND, FL	R	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () BARNES, PATS 2809 HURST R		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PATSY BARNES S 01/16/2009

AUBURNDALE, FL 33823

City-St-Zip: