2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N06000003089

Entity Name: FELLOWSHIP CHURCHES OF SANTA ROSA COUNTY, INC.

Current Principal Place of Business:

6807 CHAFFIN STREET
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6807 CHAFFIN STREET
MILTON, FL 32570

New Mailing Address:

FEI Number: 20-4847978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHODES, ESIC
6807 CHAFFIN STREET
MILTON, FL 32570 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: D ( ) Delete
Name: RHODES, ESIC
Address: 5550 ECONFINA STREET
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: GILMORE, WARREN
Address: PO BOX 833
City-St-Zip: MILTON, FL 32572

Title: D ( ) Delete
Name: GOOLSBY, JAMES
Address: 5301 MARTIN LUTHER KING DR
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: ALEXANDER, VICTOR
Address: 5038 MARTIN LUTHER KING DR
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: MARSHALL, JOSEPH L
Address: 4175 POPCORN RD.
City-St-Zip: MILTON, FL 32583

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
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: SOROYAL L. SINCLAIR SECR 04/19/2009

Electronic Signature of Signing Officer or Director — Date