

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003927

FILED
Mar 20, 2009
Secretary of State

Entity Name: NEW REDEEMED CHURCH OF GOD IN CHRIST, INC

Current Principal Place of Business:

2771 & 2777 MAYPORT RD
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

4670 SALISBURY RD
JACKSONVILLE, FL 32256

Current Mailing Address:

P. O BOX 331506
ATLANTIC BEACH, FL 32233

New Mailing Address:

P. O BOX 5859
JACKSONVILLE, FL 32247

FEI Number: 59-3634796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMP, STEVEN N
13305 STONE POND DR
JACKSONVILLE, FL 32224 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: TRUS () Delete
Name: MILLINER, WAYNE PASTOR
Address: 14109 BEACH BLVD LOT 923
City-St-Zip: JACKSONVILLE, FL 32250

Title: TRUS () Delete
Name: MILLINER, GAIL AA
Address: 14109 BEACH BLVD LOT 923
City-St-Zip: JACKSONVILLE, FL 32250

Title: TRUS () Delete
Name: CAMP, STEVEN N CDB
Address: 13305 STONE PONE DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: TRUS () Delete
Name: PATTON, DENNIS ACHR
Address: 888 BRIDRIER ST
City-St-Zip: JACKSONVILLE, FL 32223

Title: SEC () Delete
Name: CAMP, ANGELA H
Address: 13305 STONE POND DR
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRUS (X) Change () Addition
Name: CAMP, STEVEN N
Address: 13305 STONE PONE DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: TRUS (X) Change () Addition
Name: PATTON, DENNIS CDB
Address: 888 BRIDRIER ST
City-St-Zip: JACKSONVILLE, FL 32223

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: STEVEN N CAMP

MIN

03/20/2009

Electronic Signature of Signing Officer or Director

Date