

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005365

FILED
Apr 10, 2009
Secretary of State

Entity Name: DOXA CHURCH, INC.

Current Principal Place of Business:

1417 SE 8TH STREET
OCALA, FL 34471

New Principal Place of Business:

201 SE MAGNOLIA AVE
OCALA, FL 34471

Current Mailing Address:

1417 SE 8TH STREET
OCALA, FL 34471

New Mailing Address:

P.O. BOX 3594
OCALA, FL 34478

FEI Number: 20-4892109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRICK CITY ACCOUNTING & FINANCIAL SERVICES
520 NE 1ST AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

BRICK CITY CONSULTING
606 SE 1ST AVE
OCALA, FL 34471 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: ADAM J MOFFITT

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORTHINGTON, DEREK
Address: 1417 SE 8TH STREET
City-St-Zip: Ocala, FL 34471

Title: S () Delete
Name: MOFFITT, ADAM J CPA
Address: 1027 SE 8TH STREET
City-St-Zip: Ocala, FL 34471

Title: T () Delete
Name: MCCLAMMA, SCOT
Address: 222 SE 13TH AVENUE
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WORTHINGTON, DEREK
Address: P.O. BOX 3594
City-St-Zip: Ocala, FL 34478

Title: S (X) Change () Addition
Name: MOFFITT, ADAM J CPA
Address: P.O. BOX 3594
City-St-Zip: Ocala, FL 34478

Title: T (X) Change () Addition
Name: MCCLAMMA, SCOT
Address: P.O. BOX 3594
City-St-Zip: Ocala, FL 34478

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: ADAM J MOFFITT

S

04/10/2009

Electronic Signature of Signing Officer or Director

Date