2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# N06000006040

Entity Name: EVERGLADES COMMUNITY CHURCH A NONDENOMINATIONAL INC.

Current Principal Place of Business:

101 S COPELAND AVE
EVERGLADES CITY, FL 34139

New Principal Place of Business:

Current Mailing Address:

P O BOX 177
EVERGLADES, FL 34139

New Mailing Address:

P O BOX 177
EVERGLADES CITY, FL 34139

FEI Number: 22-3934843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANNING, STANLEY W
625 N. BUCKNER AVE.
EVERGLADES CITY, FL 34139 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: BURKE, WALTER
Address: 101 S COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete
Name: TIFFT, FRAN
Address: 101 S COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete
Name: TANKERSLEY, LOU ANN
Address: 101 S COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: P ( ) Delete
Name: KANNING, STANLEY W
Address: 101 S COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: VP ( ) Delete
Name: AMMERMAN, CHRIS
Address: 101 S COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: S ( ) Delete
Name: CURRY, DAVID
Address: 101 S COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

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:

Title: S/T (X) Change ( ) Addition
Name: KANNING, VIRGINIA S
Address: 101 S COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

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: VIRGINIA S. KANNING S/T 03/05/2008

Electronic Signature of Signing Officer or Director — Date