## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007389

Entity Name: JOURNEY CHURCH INC.

FILED Mar 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3017 FORT SOCRUM VILLAGE BLVD. 5340 SERENA DR. LAKELAND, FL 33810 LAKELAND, FL 33810

**Current Mailing Address: New Mailing Address:** 

3017 FORT SOCRUM VILLAGE BLVD. 5340 SERENA DR LAKELAND, FL 33810 LAKELAND, FL 33810

FEI Number: 42-1711274 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MAYFIELD, ADAM MAYFIELD, ADAM 3017 FORT SOCRUM VILLAGE BLVD 5504 SUNSET WAY N LAKELAND, FL 33805 US LAKELAND, FL 33810

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: 03/07/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

MAYFIELD, ADAM MAYFIELD, ADAM Name: Name: 5504 SUNSET WAY N Address: 3017 FORT SOCRUM VILLAGE BLVD Address:

City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33810

Title: ( ) Delete Title: () Change () Addition

Name: DIXON, JOE Name: Address: 3363 WATERLUTE WAY Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition MAYFIELD, LORA Name: MAYFIELD, LORA Name:

3017 FORT SOCRUM VILLAGE BLVD Address: 5504 SUNSET WAY N Address:

City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33810

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: SHERI CAREY ADMI 03/07/2008