2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007692

6751 NE 126 AVENUE

WILLISTON, FL 32696

BRONSON, FL 32621

DULANEY, JOHN

PO BOX 1381

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Jan 15, 2009 Secretary of State

Entity Name: BRONSON COMMUNITY CHURCH INC.

Current Principal Place of Business: New Principal Place of Business: 392 E HATHAWAY BRONSON, FL 32621 BRONSON, FL 32621 **Current Mailing Address: New Mailing Address:** PO BOX 1021 BRONSON, FL 32621 FEI Number: 33-1149399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURGE, TERRELL 6681 NE 94 TERR BRONSON, FL 32621 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PAST () Delete (X) Change () Addition BURGE, TERRELL BURGE, TERRELL Name: Name: Address: PO BOX 1021 Address: 6681 NE 94 TERR City-St-Zip: BRONSON, FL 32621 City-St-Zip: BRONSON, FL 32621 Title: () Delete Title: () Change () Addition Name: WIETZ, EARL Name: Address: 6951 NE CR 337 Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: () Delete Title: () Change () Addition DRINKWINE, BONNIE Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: TERRELL BURGE PAST 01/15/2009

() Change () Addition