2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N07000001489

Entity Name: WAKULLA COUNTY CHRISTIAN COALITION, INC.

Current Principal Place of Business:

148 OLD BETHEL ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

148 OLD BETHEL ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-8740141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JENNIE V
148 OLD BETHEL ROAD
CRAWFORDVILLE, FL 32327 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: P ( ) Delete
Name: JONES, JENNIE V
Address: 148 OLD BETHEL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V ( ) Delete
Name: SHIGLES, JOSEPHUS J
Address: 1009 WAKULLA SPRINGS HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: BRUCE, MELANIE H
Address: 129 GREENLIN VILLA ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete
Name: HAWKINS, BOSSIE
Address: 1410 LOLA DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: SHINGLES, JOSEPHUS J
Address: 1009 WAKULLA SPRINGS HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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: BOSSIE H. HAWKINS TREA 02/05/2009

Electronic Signature of Signing Officer or Director — Date