2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N07000002668

Entity Name: THE SINNER'S HAVEN AND REFUGE CHRISTIAN CENTER CHURCH, INC.

Current Principal Place of Business:

901 S. PERSIMMON AVE.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

901 S. PERSIMMON AVE.
SANFORD, FL 32771

New Mailing Address:

FEI Number: 74-3208140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HORNE, CHARLES E.
901 S. PERSIMMON AVE.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

HORNE, CHARLES E
901 S. PERSIMMON AVE.
SANFORD, FL 32771 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: CHARLES E. HORNE 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HORNE, CHARLES E
Address: 901 S. PERSIMMON AVE.
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete
Name: HORNE, VERDELL P
Address: 901 S. PERSIMMON AVE.
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete
Name: HORNE, ROSE M
Address: 225 YALE DR.
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: BROOKSHIRE, CELIA A
Address: 502 PEACHTREE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: HORNE, CHAZ D
Address: 4354 KIRKLAND BLVD.
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete
Name: HORNE, ROLANDA T
Address: 4354 KIRKLAND BLVD.
City-St-Zip: ORLANDO, FL 32811

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: ( ) 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: CHARLES E. HORNE P 05/01/2009
Electronic Signature of Signing Officer or Director Date