

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002881

FILED
Apr 10, 2009
Secretary of State

Entity Name: ST. NICHOLAS CHURCH, INC.

Current Principal Place of Business:

1861 PENINSULAR DRIVE
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

1861 PENINSULAR DRIVE
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 20-8630635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLAND, GEOFFREY A REV.
1861 PENINSULAR DRIVE
HAINES CITY, FL 33844 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: REV. () Delete
Name: BOLAND, GEOFFREY A REV.
Address: 1861 PENINSULAR DRIVE
City-St-Zip: HAINES CITY, FL 33844 US

Title: MR. () Delete
Name: OLSON, JOHN W MR.
Address: 211 INVERNESS WAY
City-St-Zip: WINTER HAVEN, FL 33883 US

Title: MR. () Delete
Name: SECORD, CHARLES MR.
Address: 114 PALM PLACE
City-St-Zip: HAINES CITY, FL 33844 US

Title: MR. () Delete
Name: WALTER, CLIFFORD MR.
Address: 760 AMERICANA COURT
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MISS () Delete
Name: ROBERTS, RUTH MISS
Address: 2727 FRONTAGE ROAD
City-St-Zip: DAVENPORT, FL 33837 US

Title: MRS. () Delete
Name: CHASE, CYNDI H MRS.
Address: 2910 WINDING TRAIL
City-St-Zip: KISSIMMEE, FL 34746 US

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
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Title: () Change () Addition
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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: GEOFFREY A. BOLAND

REV.

04/10/2009

Electronic Signature of Signing Officer or Director

Date