2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2009
Secretary of State

DOCUMENT# N07000004197

Entity Name: FLORIDA CHRISTIANS IN BUSINESS, INC.

Current Principal Place of Business:

8850 LYNWOOD DR.
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

8850 LYNWOOD DR.
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 56-2656296 **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:

HUFZIGER, STACY
8850 LYNWOOD DR.
SEMINOLE, FL 33772 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:	PD	( ) Delete
Name:	HUFZIGER, STACY	
Address:	8850 LYNWOOD DR.	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	VD	( ) Delete
Name:	WATROUS, PEGGY	
Address:	775 115TH AVE	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	SD	( ) Delete
Name:	HUFZIGER, STACY	
Address:	8850 LYNWOOD DR	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	TD	( ) Delete
Name:	WATROUS, PEGGY	
Address:	775 115TH AVE.	
City-St-Zip:	TREASURE ISLAND, FL 33706	

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:	

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: PEGGY WATROUS TD 07/10/2009

Electronic Signature of Signing Officer or Director — Date