

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 20, 2008  
Secretary of State

DOCUMENT# N07000009684

Entity Name: ELEVATE CHURCH, INC.

**Current Principal Place of Business:**

1101 OAK POND DRIVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX #690776  
ORLANDO, FL 328690776

**New Mailing Address:**

FEI Number: 26-1174622      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPULER, JONATHAN  
1101 OAK POND DRIVE  
CELEBRATION, FL 34747      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: S      ( ) Delete  
Name: PRASSE, KRIS  
Address: 4405 ANDALUSIA DRIVE  
City-St-Zip: AUSTIN, TX 78759

Title: T      ( ) Delete  
Name: SPULER, JENNIFER  
Address: 1101 OAK POND DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: PD      ( ) Delete  
Name: PRASSE, JONATHAN  
Address: 1101 OAK POND DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: D      ( ) Delete  
Name: MCCLELLAN, EARL  
Address: 9513 STANWICH DRIVE  
City-St-Zip: AUSTIN, TX 78717

Title: D      ( ) Delete  
Name: MATA, SARN  
Address: 8122 DARWIN COVE  
City-St-Zip: AUSTIN, TX 78729

Title: D      ( ) Delete  
Name: GOODEN, NATHAN  
Address: 9210 WHITE EAGLE CT.  
City-St-Zip: RALEIGH, NC 27617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: PRASSE, KRIS  
Address: 14841 OLD THICKET TRACE  
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: PD      (X) Change ( ) Addition  
Name: SPULER, JONATHAN  
Address: 1101 OAK POND DRIVE  
City-St-Zip: CELEBRATION, FL 34747

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

Title: D      (X) Change ( ) Addition  
Name: MATA, SAM  
Address: 8122 DARWIN COVE  
City-St-Zip: AUSTIN, TX 78729

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: JONATHAN SPULER

PD

03/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date