

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009684

FILED
Mar 05, 2009
Secretary of State

Entity Name: ELEVATE CHURCH, INC.

Current Principal Place of Business:

1101 OAK POND DRIVE
CELEBRATION, FL 34747

New Principal Place of Business:

2798 VALERIA ROSE WAY
OCOE, FL 34761

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:

SPULER, JONATHAN
2798 VALERIA ROSE WAY
OCOE, FL 34761 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: JONATHAN SPULER

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: PD () Delete
Name: SPULER, 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, SAM
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SPULER, JENNIFER
Address: 2798 VALERIA ROSE WAY
City-St-Zip: OCOEE, FL 34761

Title: PD (X) Change () Addition
Name: SPULER, JONATHAN
Address: 2798 VALERIA ROSE WAY
City-St-Zip: OCOEE, FL 34761

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: JONATHAN SPULER

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date