2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N07000012328

Entity Name: BECOMING A CHRISTIAN ORGANIZATION INC.

Current Principal Place of Business:

6465 99TH WAY N #17-B
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

6465 99TH WAY N #17-B
ST. PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 26-1405390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILIPPI, MYRON L PASTOR
6465 99TH WAY N #17-B
ST. PETERSBURG, FL 33708 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: TD ( ) Delete
Name: PHILIPPI, MYRON L PASTOR
Address: 6465 99TH WAY N #17-B
City-St-Zip: ST. PETERSBURG, FL 33708

Title: S ( ) Delete
Name: HAMILTON, BRUCE PASTOR
Address: 138 FAREWELL AVENUE
City-St-Zip: FAIRBANKS, AK 99701

Title: D ( ) Delete
Name: SEPULVEDA, FERMIN
Address: 7832 HUNTHAVEN ROAD
City-St-Zip: SAN DIEGO, CA 92114

Title: D ( ) Delete
Name: HUGHES, DAVID M
Address: 10562 ALVARADO CT
City-St-Zip: SEMINOLE, FL 33772

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: DAVID M HUGHES D 04/11/2009

Electronic Signature of Signing Officer or Director — Date