2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N07030

Entity Name: OCEANSIDE CHURCH OF CHRIST, INC.

Current Principal Place of Business:

% LARRY PAULK
1025 SNUG HARBOR CT
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

% LARRY PAULK
P O BOX 330421
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-2613189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAULK, LARRY
55 FAIRWAY LANE
JACKSONVILLE BEACH, FL 32250 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:	HORNE, WILLIAM L	
Address:	917 FOURTH AVE N	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	SD	( ) Delete
Name:	PAULK, LARRY J., SR.	
Address:	55 FAIRWAY LANE	
City-St-Zip:	JACKSONVILLE BCH, FL	
Title:	TD	( ) Delete
Name:	CLINGENPEEL, GLENN A.	
Address:	11 QUAIL LANE	
City-St-Zip:	JACKSONVILLE BCH, FL	
Title:	VD	( ) Delete
Name:	WALKER, KEVIN	
Address:	12499 HUNT CLIFF ALNE	
City-St-Zip:	JACKSONVILLE, FL 32229	

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: GLENN CLINGENPEEL TD 04/12/2009

Electronic Signature of Signing Officer or Director — Date