

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07829

FILED
Jan 30, 2009
Secretary of State

Entity Name: POOLE MEMORIAL INDEPENDENT CHURCH OF GOD IN CHRIST WITH CHRIST IN JESUS, INC.

Current Principal Place of Business:

894 N. MARION AVENUE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

894 N. MARION AVENUE
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-2056024 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LATHAM, SAMUEL L
467 NW JEFFERSON STREET
LAKE CITY, FL 32055 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: PDS () Delete
Name: LATHAM, SAMUEL
Address: 467 NW JEFFERSON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: THOMAS, DIONNE
Address: 688 NW WILSON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: LATHAM, CHARLES
Address: 871 NE CONGRESS AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: OWENS, TABITHA
Address: 1004 NE GOODVINE WAY
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: SHEPPARD, MAVIS
Address: 3785 200TH ST
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: FRANKLIN, LANG C
Address: 869 SW POPLAR LANE
City-St-Zip: LAKE CITY, FL 32025

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:

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: DIONNE THOMAS

D

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date