2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N08000001338

Entity Name: LULU ADVENT CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

8479 SE STATE RD. 100
LULU, FL 32061

New Principal Place of Business:

254 SE GILLEN TERRACE
LULU, FL 32061

Current Mailing Address:

8479 SE STATE RD. 100
LULU, FL 32061

New Mailing Address:

FEI Number: 59-2771115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLEN, ROLAND C.
8479 SE STATE RD. 100
LULU, FL 32061 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: DP ( ) Delete
Name: GILLEN, SCOTTY
Address: 8815 SE SR 100
City-St-Zip: LULU, FL 32061

Title: DV ( ) Delete
Name: MORRISON, ROY
Address: 137 SW TULIP PLACE
City-St-Zip: LAKE CITY, FL 32025

Title: DS ( ) Delete
Name: HUFFMAN, JESSICA
Address: 163 SE CROFT ST.
City-St-Zip: LULU, FL 32061

Title: DT ( ) Delete
Name: GILLEN, BETTY
Address: 8479 SE STATE RD. 100
City-St-Zip: LULU, FL 32061

Title: D ( ) Delete
Name: NELSON, MILES
Address: 455 SE CR 241
City-St-Zip: LULU, FL 32061

Title: D ( ) Delete
Name: HATTAWAY, WAYNE
Address: 655 SE BRANDON DR.
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: JESSICA HUFFMAN DS 04/24/2009
Electronic Signature of Signing Officer or Director — Date