

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001338

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** LULU ADVENT CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

254 SE GILLEN TERRACE  
LULU, FL 32061

**New Principal Place of Business:**

**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  
Name: GILLEN, SCOTTY  
Address: 8815 SE SR 100  
City-St-Zip: LULU, FL 32061

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

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

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

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

Title: D  
Name: HATTAWAY, WAYNE  
Address: 655 SE BRANDON DR.  
City-St-Zip: LAKE CITY, FL 32025

I hereby 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 all other like empowered.

SIGNATURE: JESSICA HUFFMAN

DS

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date