2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002039

Entity Name: CHURCH OF GOD 7TH DAY FT. MYERS, INC.

FILED Feb 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1411 MARKLAND AVE FT. MYERS, FL 33916

Current Mailing Address: New Mailing Address:

P.O. BOX 1034 LEHIGH ACRES, FL 33970

FEI Number: 51-0672937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEGG, KEITH
1411 MARKLAND AVE
LEGG, KEITH
803 FELIX AVE N

FT. MYERS, FL 33916 US LEHIGH ACRES, FL 33971 US

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: 02/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DP () Delete Title: DP (X) Change () Addition

Name: LEGG, KEITH Name: LEGG, KEITH
Address: 1411 MARKLAND AVE Address: 803 FELIX AVE N

City-St-Zip: FT. MYERS, FL 33916 City-St-Zip: LEHIGH ACRES, FL 33971

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 MILLER, MILTON
 Name:
 MILLER, MILTON

 Address:
 1411 MARKLAND AVE
 Address:
 1512 MARKDALE ST. E

 City-St-Zip:
 FT. MYERS, FL 33916
 City-St-Zip:
 LEHIGH ACRES, FL 33936

Title: DP () Delete Title: DP (X) Change () Addition

Name:MILLER, CARLENEName:MILLER, CARLENEAddress:1411 MARKLAND AVEAddress:1512 MARKDALE ST. ECity-St-Zip:FT. MYERS, FL 33916City-St-Zip:LEHIGH ACRES, FL 33936

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 LEGG, HELENOR
 Name:
 LEGG, HELENORE

 Address:
 1411 MARKLAND AVE
 Address:
 803 FELIX AVE N

 City-St-Zip:
 FT. MYERS, FL 33916
 City-St-Zip:
 LEHIGH ACRES, FL 33971

Title: D (X) Delete Title: () Change () Addition

 Name:
 RAMIREZ, ISMAEL
 Name:

 Address:
 441 HAND AVE
 Address:

 City-St-Zip:
 LABELLE, FL 33935
 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: KEITH LEGG DP 02/13/2009