2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003849

FILED Jun 24, 2009 Secretary of State

Entity Name: CHURCH OF CHRIST OF FLORIDA INC. **Current Principal Place of Business: New Principal Place of Business:** 1700 BARTON RD LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address:** PO BOX 887 LAKE WORTH, FL 33460 FEI Number: 26-2496950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILEMOND, GRIVENOT JEAN-PIERRE, SAINT-JEAN 1829 NORTH A STREET #49 5040 PALM HILL DR APT 138 LAKEWORTH, FL 33460 WEST PALM BEACH, FL 33415 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: SAINT-JEAN JEAN-PIERRE 06/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JEAN-PIERRE, SAINT-JEAN Name: Name: Address: 5040 PALM HILL DR., APT 138 Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LUNDIUS, JACQUES L Name: Address: 835 RIDGE RD Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: (X) Change () Addition PHILEMOND, GRIVENOT PHILEMOND, GRIVENOT Name: Name: 1829 NORTH A STREET #49 1829 NORTH A STREET #49 Address: Address: City-St-Zip: LAKEWORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

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: SAINT-JEAN JEAN-PIERRE D 06/24/2009