2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006592

FILED Feb 24, 2009 Secretary of State

Entity Nai	me: HIS PEA	CE CHURCH, INCORPORATE	ED .		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3405 SW COLLEGE ROAD #203 OCALA, FL 34474			4345 SE 59TH STRE OCALA, FL 34480	4345 SE 59TH STREET OCALA, FL 34480	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
4345 SE 5: OCALA, FI	9TH STREET L 34480				
FEI Number:	: 37-1570281	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
MCNIFF, DENISE E 3405 SW COLLEGE ROAD #203 OCALA, FL 34474 US			MCNIFF, DENISE E 4345 SE 59TH STRE OCALA, FL 34480	4345 SE 59TH STREET	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:			02/24/2009	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (MCNIFF, DENI 4345 SE 59TH OCALA, FL 34	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (CRAYNE, MAR 3052 LAGOON DELTONA, FL	I AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (MCNIFF, THON 4345 SE 59TH OCALA, FL 34	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DS () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DENISE E. MCNIFF DP 02/24/2009

JESSEE PRESLEY, JEANETTE S

203 INLET SHORES DRIVE

NEW SMYRNA, FL 32168

Name:

Address:

City-St-Zip: