

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009390

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: AWAKE CHRISTIAN CHURCH INC.

## Current Principal Place of Business:

551 S. APOLLO BLVD.  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

551 S. APOLLO BLVD.  
MELBOURNE, FL 32901

## New Mailing Address:

4049 MALLARD DR  
MELBOURNE, FL 32934

FEI Number: 26-3555838      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:

BALCIUNAS, PETER PASTOR  
4049 MALLARD DR.  
MELBOURNE, FL 32934      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: P      ( ) Delete  
Name: BALCIUNAS, PETER PASTOR  
Address: 4049 MALLARD DR.  
City-St-Zip: MELBOURNE, FL 32934

Title: O      ( ) Delete  
Name: RICHARDS, DONALD W  
Address: 519 CALLET  
City-St-Zip: PALMDALE, CA 93551

Title: O      ( ) Delete  
Name: HILLMAN, SCOT  
Address: 2433 E. OAKDALE AVE.  
City-St-Zip: TULARE, CA 93274

Title: O      ( ) Delete  
Name: MIMMS, JAMES  
Address: 4504 HUNTERS RUN CIR  
City-St-Zip: GRANT, FL 32949

Title: O      ( ) Delete  
Name: KIRKPATRICK, BRYAN  
Address: 899 FOREST ST NE  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O      (X) Change ( ) Addition  
Name: BALCIUNAS, PETER PASTOR  
Address: 4049 MALLARD DR.  
City-St-Zip: MELBOURNE, FL 32934

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: PETER BALCIUNAS

O

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date