

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09385

FILED
Mar 23, 2009
Secretary of State

Entity Name: MARICAMP ROAD CHURCH OF CHRIST, INC.

Current Principal Place of Business:

2750 SE MARICAMP ROAD
OCALA, FL 344715583 US

New Principal Place of Business:

Current Mailing Address:

2750 SE MARICAMP ROAD
OCALA, FL 344715583 US

New Mailing Address:

FEI Number: 59-2149768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSWELL, DONALD S
2750 SE. MARICAMP ROAD
OCALA, FL 34471 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: PD () Delete
Name: CARSWELL, DONALD
Address: 14750 SE 50TH ST
City-St-Zip: MORRISTON, FL 32668 US

Title: TD () Delete
Name: SPICER, PAUL J
Address: 5100 NE 20TH ST.
City-St-Zip: OCALA, FL 34470 US

Title: D () Delete
Name: FLETCHER, GERALD
Address: 4214 SE 10TH PLACE
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: PAULK, JACK
Address: 611 SE 52ND CT
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: CURTIS, THOMAS
Address: 5924 SE 119TH ST
City-St-Zip: BELLEVIEW, FL 34420 US

Title: D (X) Delete
Name: FLETCHER, ED
Address: 2720 SE 14TH STREET
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D (X) Change () Addition
Name: FLETCHER, ED
Address: 2720 SE 14TH STREET
City-St-Zip: OCALA, FL 34471 US

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: DONALD CARSWELL

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date