

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09707

FILED
Jul 14, 2008
Secretary of State

Entity Name: MISSION ROAD CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

151 MISSION RD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620188
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 59-3068840 **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:

PERKINS, LARRY E
570 BENTLEY ST
OVIEDO, FL 32765 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: ELDER LARRY PERKINS,
Address: 570 BENTLEY STREET
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: HARRISON, LARRY SR.
Address: 700 FOREST GREEN CT
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: BASS, LAWRENCE
Address: 1020 DEES DR
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: DAVIS, ADOLPHUS,
Address: 1061 COVINGTON STREET
City-St-Zip: OVIEDO, FL

Title: D () Delete
Name: DENNIS, ODELL
Address: 762 SENECA MEADOWS RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: DAVIS, DARRYL
Address: 1447 TWIN RIVERS BLVD
City-St-Zip: OVIEDO, FL 32766

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
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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: LARRY PERKINS

PD

07/14/2008

Electronic Signature of Signing Officer or Director

Date