2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2009
Secretary of State

DOCUMENT# N09707

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:	TD	(X) Change ( ) Addition
Name:	BEACHAM, KIP SR.	
Address:	3315 RED ASH CIRCLE	
City-St-Zip:	OVIEDO, FL 32765	
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: LARRY E PERKINS PD 07/17/2009
Electronic Signature of Signing Officer or Director — Date