## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11397

FILED Jan 21, 2009 Secretary of State

Entity Name: CHRIST EVANGELICAL FREE CHURCH, VOLUSIA COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 329 N WILLIAMSON BLVD DAYTONA BEACH, FL 32114 **Current Mailing Address: New Mailing Address:** 329 N WILLIAMSON BLVD DAYTONA BEACH, FL 32114 FEI Number: 59-2525040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIRK, LARRY 1700 ARECA WAY HOLLY HILL, FL 32117 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition KIRK, LARRY, KIRK, LARRY Name: Name: 1700 ARECA WAY Address: 1700 ARECA WAY Address: City-St-Zip: HOLLY HILL, FL City-St-Zip: HOLLY HILL, FL 32117 Title: VD ( ) Delete Title: () Change () Addition KLEMM, WARREN Name: Name: Address: 1325 OSPREY NEST LANE Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: VD. () Delete Title: () Change () Addition KIGGINS, DENNIS Name: Name: 5865 WOODPOINT TERRACE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32124 City-St-Zip: ( ) Delete Title: VD Title: () Change () Addition ALTES, J P Name: Name: 173 UNIVERSITY CIRCLE Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: () Delete Title: () Change () Addition ROBB, MARK Name: Name: 1003 CALLE GRANDE Address: Address: City-St-Zip: ORMOND BCH, FL 32174 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition THOMAS, BLAKE DUNN, LUCKEY Name: Name: Address: 32 INDIAN SPRINGS DRIVE Address: 15 SUNSET TERRACE ORMOND BEACH, FL 32174 DAYTONA BEACH, FL 32118 City-St-Zip: 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 KIRK PD 01/21/2009