2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N12223

Entity Name: THE CHURCH OF GOD EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

9848 WINCHESTER RD.
CLAY CITY, KY 40312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 296
CLAY CITY, KY 40312

New Mailing Address:

FEI Number: 59-2655873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, JOHN W
227 NORTH LAKE HARTRIDGE DR
WINTER HAVEN, FL 33881 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: PCD ( ) Delete
Name: KELLY, HAROLD REV
Address: P.O. BOX 296
City-St-Zip: CLAY CITY, KY 40312

Title: STD ( ) Delete
Name: COLLINS, BARBARA L
Address: 4055 WREN AVE
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: BARTLETT, ANTHONY
Address: 787 N BUENA VISTA ST
City-St-Zip: NEWARK, OH 43055

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: HENSLEY, PAUL
Address: P.O. BOX 130
City-St-Zip: CLAY CITY, KY 40312

Title: TRES ( ) Change (X) Addition
Name: MILLS, LINDA
Address: 125 WILLOW DR.
City-St-Zip: SOMERSET, KY 42501

Title: DIR. ( ) Change (X) Addition
Name: DELUCA, JAMES
Address: 1033 PENNY BRANCH RD.
City-St-Zip: WARSAW, NC 28398

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: HAROLD GENE KELLY PRES 03/28/2009

Electronic Signature of Signing Officer or Director — Date