

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12977

FILED
Mar 29, 2009
Secretary of State

Entity Name: LAKE CITY CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

BRANFORD HIGHWAY
2400 SW SR 247
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

241 S.W. MARYLAND LANE
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-2701604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWEN, CHARLES D.
241 SW MARYLAND LN
LAKE CITY, FL 32025 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: D () Delete
Name: SAMPSON, JOE,
Address: 22288 45TH DRIVE
City-St-Zip: LAKE CITY, FL

Title: D () Delete
Name: ASHBY, DON,
Address: 225 S.E. MOHAWK WAY
City-St-Zip: LAKE CITY, FL 32025

Title: P () Delete
Name: COWEN, CHARLES DAVID,
Address: 241 S.W. MARYLAND LANE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: SAMPSON, JOSEPH JR
Address: 22289 45TH DRIVE
City-St-Zip: LAKE CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAMPSON, TODD,
Address: 346 SE EVERGREEN DR.
City-St-Zip: LAKE CITY, FL

Title: D (X) Change () Addition
Name: MINTOR, WILFORD,
Address: 411 SW CATES ST.
City-St-Zip: LAKE CITY, FL 32025

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: CHARLES D. COWEN

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date