

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13234

FILED
Jan 06, 2009
Secretary of State

Entity Name: SOUTH HAVEN CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

2430 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

2430 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-2633643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MICHAEL C
20 TULA DRIVE
PORT ORANGE, FL 32129 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: T () Delete
Name: FICK, SCOTT
Address: 3325 WOODLAND DR
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: WOLCOTT, BOB
Address: 2315 PINE TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: M () Delete
Name: SMITH, MICHAEL C
Address: 20 TULA DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: LEONARD, RALPH
Address: 5880 AZALEA ST
City-St-Zip: PORT ORANGE, FL 32127

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: E (X) Change () Addition
Name: WOLCOTT, BOB
Address: 2315 PINE TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: E (X) Change () Addition
Name: CARBAJAL, CHICO
Address: 305 FLORATAM TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: E () Change (X) Addition
Name: SCHEFFLER, BARRY
Address: 155 COUNTRY CIRCLE DR. E
City-St-Zip: PORT ORANGE, FL 32128

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: MICHAEL C. SMITH

M

01/06/2009

Electronic Signature of Signing Officer or Director

Date