

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20688

FILED
Apr 15, 2009
Secretary of State

Entity Name: AT THE CHURCH OF THE LIVING CHRIST, INC.

Current Principal Place of Business:

13415 JOHNSON ST./ DIXIE AVE.
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 424
DADE CITY, FL 335260424 US

New Mailing Address:

FEI Number: 16-1682860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANNER, WILLIAM
37445 DAVIS AVE
DADE CITY, FL 33523 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: HANNER, WILLIAM
Address: 37445 DAVIS AVE
City-St-Zip: DADE CITY, FL 33523 US

Title: V () Delete
Name: VAUGHNS, VIOLA H
Address: 37428 VALERA AVE
City-St-Zip: DADE CITY, FL 33523 US

Title: T () Delete
Name: HANNER, MAUDRIENNE P
Address: 37445 DAVIS AVE
City-St-Zip: DADE CITY, FL 33523 US

Title: D () Delete
Name: PRYOR, ANTOINETTE
Address: 38435 LAKE AVE.
City-St-Zip: DADE CITY, FL 33525 US

Title: ATD () Delete
Name: OATES, MATTIE D
Address: 14342 1ST STREET
City-St-Zip: DADE CITY, FL 33525 US

Title: S () Delete
Name: GRAY, DEAISHA L
Address: 15239 16TH STREET
City-St-Zip: DADE CITY, FL 33523 US

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: D (X) Change () Addition
Name: BROWN, LATONYA L
Address: 37718 MARTIN LUTHER KING BLVD.
City-St-Zip: DADE CITY, FL 33523 US

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: LATONYA BROWN

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date