## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27172

FILED Apr 15, 2009 Secretary of State

Entity Name: NORTH LAKE FAMILY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

300 NORTH HIGHLAND 300 NORTH HIGHLAND AV

TARPON SPRINGS, FL 34688 US TARPON SPRINGS, FL 34688 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1943

TARPON SPRINGS, FL 34688 US

FEI Number: 59-2925342 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, GLENN E MORRIS, GLENN E 11628 LEDA LN. 1418 HIDDEN CT.

NEW PORT RICHEY, FL 34654 US TARPON SPRINGS, FL 34689 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: 04/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MORRIS, GLENN E
 Name:
 MORRIS, GLENN E

 Address:
 11628 LEDA LN
 Address:
 1418 HIDDEN CT

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: TARPON SPRINGS, FL 34688

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DATILLO, VINCENT
 Name:

 Address:
 1103 CROYDON LANE
 Address:

 City-St-Zip:
 HOLIDAY, FL 34691
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARTIN, MIKE
 Name:

 Address:
 P.O. BOX 17236
 Address:

 City-St-Zip:
 TAMPA, FL 33682
 City-St-Zip:

 $\label{eq:definition} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name:SPICER, RANDYName:PETRY, PETEAddress:6543 GOVERNORS DRAddress:591 RIVIERE ROADCity-St-Zip:NEW PORT RICHEY, FL 34655City-St-Zip:PALM HARBOR, FL 34683

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: GLENN E MORRIS PRES 04/15/2009