# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 15, 2009**
**Secretary of State**

DOCUMENT# N27685

**Entity Name:** METRO CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

1491 E STATE RD 434
STE 101
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

1491 E STATE RD 434
STE 101
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

**FEI Number: 59-2847190** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MUTH DAVID C
1937 KIMBRACE PLACE
WINTER SPRINGS, FL 32792 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: WASHBURN, VICTOR
Address: 113 JANE CREEK RD
City-St-Zip: GENEVA, FL 32732

Title: SD ( ) Delete
Name: MUTH, DAVID C
Address: 1937 KIMBRACE PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: VD ( ) Delete
Name: GERBER, BERT
Address: 936 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete
Name: EASTER, BILL
Address: 522 OSPREY LAKES CIR
City-St-Zip: CHULUETA, FL 32766

Title: D ( ) Delete
Name: WALKER, KIRK
Address: 1140 SHADY PALM COVE
City-St-Zip: OVIEDO, FL 32765

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

Title: D (X) Change ( ) Addition
Name: LINNERT, DOUG
Address: 4042 GALLAGHER LOOP
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Change (X) Addition
Name: SMITH, JEFF
Address: 2259 RED EMBER RD
City-St-Zip: OVIEDO, FL 32765

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: DAVID C. MUTH SD 03/15/2009
Electronic Signature of Signing Officer or Director — Date