2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N36894

Entity Name: THE CHURCH PLANTING CENTER, INC.

Current Principal Place of Business:

16110 CASSIE PLACE NW
POULSBO, WA 98370 US

New Principal Place of Business:

Current Mailing Address:

16110 CASSIE PLACE NW
POULSBO, WA 98370 US

New Mailing Address:

FEI Number: 59-2992663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, LYNWOOD C
1231 REFORMATION DRIVE, STE 105
OVIEDO, FL 32765 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: CD ( ) Delete
Name: GYGER, TERRY,
Address: 320 E 46TH STREET, #4-H
City-St-Zip: NEW YORK, NY 10017

Title: TD ( ) Delete
Name: THOMAS, JOHN F
Address: 4512 SHARON VALLEY COURT
City-St-Zip: DUNWOODY, GA 30038

Title: PSD ( ) Delete
Name: THOMPSON, J ALLEN
Address: 16110 CASSIE PLACE NW
City-St-Zip: POULSBO, WA 98370

Title: D ( ) Delete
Name: KOOISTRA, PAUL
Address: 1700 NORTH BROWN ROAD
City-St-Zip: LAWRENCEVILLE, GA 300438122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: GYGER, TERRY,
Address: 2049 CASTLEWAY LANE NE
City-St-Zip: ATLANTA, GA 30345 US

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

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: J. ALLEN THOMPSON PSD 02/05/2009

Electronic Signature of Signing Officer or Director — Date