## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50243

FILED Apr 15, 2009 Secretary of State

Entity Name: HOWEY-IN-THE-HILLS COMMUNITY CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 420 NORTH PALM AVENUE HOWEY-IN-THE-HILLS, FL 34737 **Current Mailing Address: New Mailing Address:** 420 NORTH PALM AVENUE HOWEY-IN-THE-HILLS, FL 34737 FEI Number: 59-1117563 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: CHILDS, LYNDA 407 ORĆHID WAY HOWEY IN THE HILLS, FL 34734 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition BOWRON, GLENN W ARMSTRONG, DICK Name: Name: 107 VALENCIA Address: 6057 DORY WAY Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: TAVARES, FL 32778 Title: () Delete Title: () Change () Addition KONDO, STEPHANIE Name: Name: Address: 115 E. CROTON WAY Address: City-St-Zip: HOWEY IN THE HILLS, FL 34737 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NEWKIRK, JONI NEWKIRK, JONI Name: Name: 27709 MOORING COVE CT. 27709 MOORING COVE CT. Address: Address: City-St-Zip: YALAHA, FL 24797 City-St-Zip: YALAHA, FL 24797 Title: SD ( ) Delete Title: (X) Change ( ) Addition Name: HAWTHORNE, ROSIE Name: HAWTHORNE, ROSIE Address: 5684 FREEPORT DRIVE Address: 5684 FREEPORT DRIVE City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778 Title: () Delete Title: () Change () Addition HOFFMAN, WALLACE Name: Name: 3716 WESTOVER CIRCLE Address: Address: City-St-Zip: LEESBURG, FL `4748 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition DIXON BILL Name: Name: Address: Address: 121 E. MAGNOLA AVE HOWEY IN THE HILLS, FL 34737 City-St-Zip: 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: LYNDA A. CHILDS TREA 04/15/2009