

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51010

FILED
May 15, 2009
Secretary of State

Entity Name: HOSFORD COMMUNITY CHURCH, INC.

Current Principal Place of Business:

15386 NE SR 65
HOSFORD, FL 32334

New Principal Place of Business:

Current Mailing Address:

PO BOX 268
HOSFORD, FL 32334

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOSFORD, KENNETH L
S.R. 65 N. KENT RD.
HOSFORD, FL 32334 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:

Title: DT () Delete
Name: HOSFORD, JOYCE
Address: 15386 NE SR 65
City-St-Zip: HOSFORD, FL 32334

Title: DT () Delete
Name: HOSFORD, DUNCAN
Address: S.R. 65 NORTH
City-St-Zip: HOSFORD, FL 32334

Title: DT () Delete
Name: HOSFORD, KEN
Address: S.R. 65 N. KENT RD.
City-St-Zip: HOSFORD, FL 32334

Title: DT () Delete
Name: HOSFORD, RUSSELL
Address: S.R. 65 NORTH
City-St-Zip: HOSFORD, FL 32334

Title: DT () Delete
Name: KITTE, CARTER
Address: 6550 HIDDEN LAKES DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: DT () Delete
Name: MCMILLAN, SUNDAE
Address: 3802 PINEY GROVE DR.
City-St-Zip: TALLAHASSEE, FL 32311

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: () 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: JOYCE HOSFORD

D

05/15/2009

Electronic Signature of Signing Officer or Director

Date