## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001098

Apr 07, 2009 Secretary of State

Entity Name: NASSAU STREET CHURCH OF CHRIST, INC. **Current Principal Place of Business: New Principal Place of Business:** 1312 WEST NASSAU STREET 1312 WEST NASSAU STREET TAMPA, FL 33607 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 823 W AMELIA AVE TAMPA, FL 33602 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ATKISON, ANDREW C 823 W AMELIA AVE TAMPA, FL 33602 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: () Change () Addition () Delete ATKISON, ANDREW C Name: Name: 823 W. AMELIA AVENUE Address: Address: City-St-Zip: TAMPA, FL 33602 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: WARREN, CARL SR Name: Address: 1710 NORTH BAY STREET Address: City-St-Zip: TAMPA, FL 33610 US City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition WELLS, JILL Name: WELLS, JILL Name: 4013 WEST ARCH STREET 932 DELANEY CIRCLE - APARTMENT 105 Address: Address: City-St-Zip: TAMPA, FL 33607 US City-St-Zip: BRANDON, FL 33511 US Title: ( ) Delete Title: (X) Change ( ) Addition Name: CLARK, BRENDA Name: CLARK, BRENDA 8709 NORTH 26TH STREET 8709 NORTH 26TH STREET Address: Address: City-St-Zip: TAMPA, FL 33604 US City-St-Zip: TAMPA, FL 33604 US

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: ANDREW C. ATKISON PD 04/07/2009