2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002719

FILED Apr 23, 2009 Secretary of State

Entity Name: NATIONAL CONSERVATIVE CHRISTIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

5260 PAYLOR LANE SARASOTA, FL 34240 US

Current Mailing Address: New Mailing Address:

5260 PAYLOR LANE

SARASOTA, FL 34240 US

FEI Number: 65-0431171 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:

STRUBLE, DONALD W 5260 PAYLOR LANE SARASOTA, FL 34240 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:

Flacture Constant of Decision of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition

Name: ARNO, RICHARD G Name: ARNO, RICHARD G DR.

Address: 888 BOULEVARD OF THE ARTS, SUITE 1404 Address: 888 BOULEVARD OF THE ARTS, SUITE 1404

City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL 34236

Title: D () Delete Title: () Change () Addition

 Name:
 WOHLANDER, ALAN R
 Name:

 Address:
 363 PURGATORY ROAD
 Address:

 City-St-Zip:
 WHITENSVILLE, MA 01588
 City-St-Zip:

 Title:
 PTD () Delete
 Title:
 PTD (X) Change () Addition

 Name:
 STRUBLE, DONALD W
 Name:
 STRUBLE, DONALD W DR.

 Address:
 1910 ROLLING GREEN CIRCLE
 Address:
 1910 ROLLING GREEN CIRCLE

City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SMUIN, DAVID M
 Name:
 SMUIN, DAVID M DR.

 Address:
 913 E. SHASTA AVENUE
 Address:
 5324 FOXWOOD DR.

 City-St-Zip:
 POST FALLS, ID 83854
 City-St-Zip:
 SARASOTA, FL 34232

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: DR. DONALD W. STRUBLE PRES 04/23/2009