

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000851

FILED
Apr 20, 2009
Secretary of State

Entity Name: CHURCH OF THE LORD JESUS CHRIST INC.

Current Principal Place of Business:

12267 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

12267 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-2231349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JOHN D
12267 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601 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: PDTR () Delete
Name: THOMPSON, JOHN D
Address: 12267 PONCE DE LEON BLVD
City-St-Zip: BROOKSVILLE, FL

Title: TSD () Delete
Name: THOMPSON, JANET L
Address: 12267 PONCE DE LEON BLVD
City-St-Zip: BROOKSVILLE, FL

Title: DT () Delete
Name: HARTWELL, MARY R
Address: P.O. BOX 177
City-St-Zip: PORT RICHEY, FL 34673

Title: DT () Delete
Name: PENNINGTON, L.J.
Address: 1908 E 115TH AVENUE
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BERNARDO, IMMACULATA MS.
Address: 2244 BISHOP ROAD
City-St-Zip: SPRING HILL, FL 34609

Title: D () Change (X) Addition
Name: HEADLEY, LARRY E MR
Address: 450 TYRONE CIRCLE
City-St-Zip: SPRING HILL, FL 34609

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: JOHN D. THOMPSON

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date