

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003037

FILED
May 03, 2009
Secretary of State

Entity Name: FIRST CHRISTIAN CHURCH OF STARKE, FLORIDA, INCORPORATED

Current Principal Place of Business:

507 W. CALL ST.
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-2201910 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

WALKER, JOHN
1002 PRATT STREET
STARKE, FL 32091 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: D () Delete
Name: SELLERS, HERBERT S
Address: 6063 KINGSLEY LAKE DR.
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: WRIGHT, STEPHEN L
Address: 1604 NE 153RD ST
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: CARVER, WARREN
Address: RT 2 BOX 2375
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: RHODES, LEE
Address: 5775 NW 74TH AVE
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: WILLIAMS, MICHAEL
Address: 3816 NW 216TH ST.
City-St-Zip: LAWTEY, FL 32058

Title: D () Delete
Name: DINKINS, DAVID
Address: 628 NE 227TH PL
City-St-Zip: LAWTEY, FL 32058

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: WRIGHT, STEPHEN L
Address: 1604 NE 153RD ST
City-St-Zip: STARKE, FL 32091

Title: D (X) Change () Addition
Name: CARVER, WARREN
Address: 9298 NW 219TH STREET
City-St-Zip: STARKE, FL 32091

Title: C (X) Change () Addition
Name: LIMBAUGH, STEPHEN
Address: 6854 SPRING LAKE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D (X) Change () Addition
Name: SMITH, MARK
Address: 2120 AUTUMN COVE CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

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: STEPHEN WRIGHT

ST

05/03/2009

Electronic Signature of Signing Officer or Director

Date