2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N94000004381

Entity Name: ALTAR CHURCH OF CHRISTIANITY INC. OF MIMS

Current Principal Place of Business:

2565 NORTH U.S. HWY. 1
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372863
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2835148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLS, REV. JUDY
157 CHURCHILL AVENUE
SATELLITE BEACH, FL 32937 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: MILLS, JUDITH
Address: 157 CHURCHILL AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete
Name: GUEST, PHILLIP
Address: P.O BOX 372841
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: ROBERTS, PATRICIA
Address: 157 CHURCHILL AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Delete
Name: HUNTER, MELISSA
Address: 6473 ROBINSWOOD AVE.
City-St-Zip: BROOKSVILLE, FL 34602

Title: T ( ) Delete
Name: WILLIAMS, MARTHA
Address: 3008 WILEY AVE.
City-St-Zip: MIMS, FL 32754

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:

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: JUDITH MILLS D 04/30/2009

Electronic Signature of Signing Officer or Director — Date