## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000006121

FILED Apr 28, 2009 Secretary of State

Entity Name: MEMBERS IN CHRIST ASSEMBLIES, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	VFORD ST A, FL 32725	US		
Current Mailing Address:		ess:	New Mailing Address:	
	VFORD ST A, FL 32725	US		
El Number	: 59-3277431	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
GAYLE, N 1581 AMY DELTONA		US		
	e named entity e of Florida.	r submits this statement for the μ	ourpose of changing its registere	ed office or registered agent, or both
	e of Florida.	$\gamma$ submits this statement for the $\mathfrak p$	ourpose of changing its registere	ed office or registered agent, or both
n the Stat	e of Florida. Î RE:	r submits this statement for the ponic Signature of Registered Age		ed office or registered agent, or both
n the Stat	e of Florida. Î RE:	onic Signature of Registered Age	ent	
n the Stat	e of Florida.  RE: Electro  S AND DIRE	onic Signature of Registered Age CTORS:  ) Delete MI RCLE	ent	Date
n the Stati SIGNATU DFFICER Title: Name: Address:	e of Florida.  RE: Electro  S AND DIRE  P ( GAYLE, NAOI 1581 AMY CII DELTONA, FL	conic Signature of Registered Age CTORS:  ) Delete MI RCLE . 32738  ) Delete RY DRD ST	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
n the Stati BIGNATU  DFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electro  S AND DIRE  P ( GAYLE, NAOI 1581 AMY CII DELTONA, FL  SD ( WEAVER, IW 831 CRAWFO DELTONA, FL	Driic Signature of Registered Age CTORS:  ) Delete WI RCLE  . 32738  ) Delete RY DRD ST  . 32725  ) Delete STANCE RCLE	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

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: NAOMI GAYLE P 04/28/2009