

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001110

FILED
Mar 23, 2009
Secretary of State

Entity Name: CHRISTIAN LIFE FELLOWSHIP ASSEMBLY OF GOD OF NEWBERRY, FLORIDA, INC.

Current Principal Place of Business:

19817 W NEWBERRY RD
NEWBERRY, FL 32669

New Principal Place of Business:

19817 W NEWBERRY RD
NEWBERRY, FL 32669 US

Current Mailing Address:

P O BOX 1607
NEWBERRY, FL 32669

New Mailing Address:

P O BOX 1607
NEWBERRY, FL 32669 US

FEI Number: 59-3187782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTON, TERRY L PASTOR
19817 W NEWBERRY RD
NEWBERRY, FL 32669 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: P () Delete
Name: FULTON, TERRY L PASTOR
Address: 19817 W NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: WILLIAMS, DREW DEACON
Address: 1413 SW 170 STREET
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: PETERSON, DEREK DEACON
Address: 17924 SW 67 AVENUE
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: HILL, DAVE DEACON
Address: 6528 N.W. 27 PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: MURPHY, DENNIS DEACON
Address: 9919 NW 240 TERR
City-St-Zip: ALACHUA, FL 32615

Title: B () Delete
Name: NEHS, PHILIP E ADMIN
Address: 24080 N.W. 3 AVE.
City-St-Zip: NEWBERRY, FL 32669

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: D (X) Change () Addition
Name: SANTARSIERO, TOM DEACON
Address: 8620 NW 41ST PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D (X) Change () Addition
Name: KISH, JOHN DEACON
Address: 4726 NW 27 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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: PHILIP E. NEHS

B

03/23/2009

Electronic Signature of Signing Officer or Director

Date