

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001509

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE LORD'S SENTINEL FELLOWSHIP CHURCH INC.

Current Principal Place of Business:

219 INTERLAKE BOULEVARD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 44
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 59-3305540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLSOM, JUANITA
219 INTERLAKE BOULEVARD
LAKE PLACID, FL 33852 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: PD () Delete
Name: FOLSOM, JUANITA
Address: C/O POST OFFICE BOX 44 N/A
City-St-Zip: LAKE PLACID, FL 33862

Title: VD () Delete
Name: MORRIS, TONY
Address: C/O POST OFFICE BOX 44 N/A
City-St-Zip: LAKE PLACID, FL 33862

Title: SD () Delete
Name: DALRYMPLE, CAROL
Address: 1450 MAINE AVENUE
City-St-Zip: FROSTPROOF, FL 33843

Title: TD () Delete
Name: BEXLEY, GINA
Address: 1146 WINTERGREEN ST.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOLSOM, JUANITA
Address: C/O POST OFFICE BOX 44
City-St-Zip: LAKE PLACID, FL 33862

Title: VD (X) Change () Addition
Name: MORRIS, TONY
Address: C/O POST OFFICE BOX 44
City-St-Zip: LAKE PLACID, FL 33862

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: GINA BEXLEY

TD

04/07/2009

Electronic Signature of Signing Officer or Director

Date