

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004617

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** CENTRAL CHURCH OF CHRIST OF FLAGLER COUNTY, INC.

**Current Principal Place of Business:**

400 N. STATE ST  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 353789  
PALM COAST, FL 32135

**New Mailing Address:**

**FEI Number:** 59-3426233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STIDHAM, DAVID G  
15 RADCLIFFE DRIVE  
PALM COAST, FL 32164 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: STANLEY, DAVID  
Address: 660 BLACK POINT RD.  
City-St-Zip: BUNNELL, FL 32110

Title: VD ( ) Delete  
Name: FRANKLIN, HOWARD  
Address: 41 PINE CREST DR  
City-St-Zip: PALM COAST, FL 32164

Title: STD ( ) Delete  
Name: LUTHER, BILL B  
Address: 88 RIVER TRAIL  
City-St-Zip: PALM COAST, FL 32137

Title: CMD ( ) Delete  
Name: STIDHAM, DAVID G  
Address: 15 RADCLIFFE DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: STEVENS, KEVIN  
Address: 32 ROCKING HORSE DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: SOUVERAIN, JACQUES  
Address: 39 FANSHANWE LANE, SUITE A  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STANLEY, DAVID A  
Address: 660 BLACK POINT RD.  
City-St-Zip: BUNNELL, FL 32110

Title: VD (X) Change ( ) Addition  
Name: FRANKLIN, HOWARD M  
Address: 41 PINE CREST DR  
City-St-Zip: PALM COAST, FL 32164

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: DAVID G. STIDHAM

CMD

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date