2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N95000005275

Entity Name: SOUTH BAY CHRISTIAN CENTER, INC.

Current Principal Place of Business:

304 DELWOOD BREAK ST.
RUSKIN, FL 33570 US

New Principal Place of Business:

304 DELWOOD BRECK ST.
RUSKIN, FL 33570 US

Current Mailing Address:

304 DELWOOD BREAK ST.
RUSKIN, FL 33570 US

New Mailing Address:

304 DELWOOD BRECK ST.
RUSKIN, FL 33570 US

FEI Number: 59-3353526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BENEFIELD, ROBERTA
304 DELWOOD BREAK ST.
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

BENEFIELD, ROBERTA
304 DELWOOD BRECK ST.
RUSKIN, FL 33570 US

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: _____ 02/27/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BENEFIELD, LYMAN
Address: 304 DELWOOD BRECK ST
City-St-Zip: RUSKIN, FL 335757600

Title: VPD ( ) Delete
Name: THOMPSON, JOHN R PHD
Address: 366 STEEPLE CHASE LN
City-St-Zip: PALM HARBOR, FL 34684

Title: SD ( ) Delete
Name: BENEFIELD, ROBERTA
Address: 304 DELWOOD BRECK ST.
City-St-Zip: RUSKIN, FL 335757600

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:

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: LYMAN A.BENEFIELD PD 02/27/2009
Electronic Signature of Signing Officer or Director — Date