2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N95000005681

Entity Name: CHURCH FOUNDATIONAL NETWORK, INC.

Current Principal Place of Business:

544 NW18TH LANE
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

544 NW 18TH LANE
JENNINGS, FL 32053

New Mailing Address:

FEI Number: 59-3345542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOINER, LESTER A
544 NW 18TH LANE
JENNINGS, FL 32053 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:	EXDR	( ) Delete
Name:	JOINER, LESTER A	
Address:	544 NW 18TH LANE	
City-St-Zip:	JENNINGS, FL 32053	
Title:	VD	( ) Delete
Name:	LIMBAUGH, MARC	
Address:	555 NEWNAN ROAD	
City-St-Zip:	CARROLLTON, GA 30117	
Title:	VD	( ) Delete
Name:	SUMRALL, KENNETH I	
Address:	4900 FOREST CREEK DRIVE	
City-St-Zip:	PACE, FL 32571	
Title:	VD	( ) Delete
Name:	HOLLIS, JACK	
Address:	POST OFFICE BOX 450 NA	
City-St-Zip:	MARIANNA, FL 32446	
Title:	STD	( ) Delete
Name:	HAVICE, DAVID	
Address:	1321 LAKESHORE PL.	
City-St-Zip:	GAINESVILLE, GA 305011510	
Title:	D	( ) Delete
Name:	KELLY, RON	
Address:	4901 FOREST CREEK DR	
City-St-Zip:	PACE, FL 32571	

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:	( ) 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: L. A. JOINER EXDR 03/25/2009

Electronic Signature of Signing Officer or Director — Date