

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005859

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUN CITY CHRISTIAN CENTER, INC.

Current Principal Place of Business:

17566 HWY 301 S
WIMAUMA, FL 33598 US

New Principal Place of Business:

Current Mailing Address:

17566 US HWY 301 S
WIMAUMA, FL 33598 US

New Mailing Address:

17566 HWY 301 S
WIMAUMA, FL 33598 US

FEI Number: 59-3351450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECK, CURTIS A
17564 US HWY 301 S
WIMAUMA, FL 33598 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: BECK, CURTIS A
Address: 17564 US HWY 301 S
City-St-Zip: WIMAUMA, FL 33598

Title: VD () Delete
Name: GOFORTH, RONNIE L
Address: 14319 MANATEE RD.
City-St-Zip: PARRISH, FL 34219

Title: STD () Delete
Name: GOFORTH, BONNIE D
Address: 14319 MANATEE RD.
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: DEVENPORT, GEORGE R
Address: 2908 WILD WEST LANE
City-St-Zip: WIMAUMA, FL 33598

Title: D () Delete
Name: CARTER, NANCY
Address: 3606 71ST STREET E.
City-St-Zip: PALMETTO, FL 34221

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:

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: BONNIE GOFORTH

STD

01/16/2009

Electronic Signature of Signing Officer or Director

Date