2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N96000003361

Entity Name: BUELAH LAND CHRISTIAN CENTER, CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

C/O NORMAN RAIFORD
8628 DOVERBROOK DR.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

C/O NORMAN RAIFORD
8628 DOVERBROOK DR.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 31-1565118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAIFORD, NORMAN
8628 DOVERBROOK DR.
PALM BEACH GARDENS, FL 33410 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: RAIFORD, NORMAN
Address: 8628 DOVERBROOK DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: COLEMAN, RONNIE
Address: 344 DATE PALM DR.
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete
Name: LEWIS, JERRY
Address: 2674 MUSKEGON WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD ( ) Delete
Name: RAIFORD, NORMAN A II
Address: 5501 CROSSING ROCKS CT
City-St-Zip: RIVIERA BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SMITH, MILDRED
Address: 127 HEATHERSOOD DR
City-St-Zip: ROYAL PALM BEACH, FL 33411 86

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: RAIFORD, NORMAN A II
Address: 5400 QUEENSHIP COURT
City-St-Zip: GREENACRES, FL 33463

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: NORMAN L. RAIFORD PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date