


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002035</b> 1. Entity Name <b>CHURCH OF THE LORD JESUS CHRIST OF INDIAN RIVER COUNTY, INC.</b>			
Principal Place of Business <b>3515 43RD ST VERO BEACH FL 32967</b>		Mailing Address <b>3965 45TH PLACE VERO BEACH FL 32967</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>65-0797011</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEGG, ROBERT L 1428 21ST STREET VERO BEACH FL 32960</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD JONES, STERLING 3965 45TH PLACE VERO BEACH FL 32967	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	DV JONES, DOROTHY 3965 45TH PLACE VERO BEACH FL 32967	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	DS ROSS, KATHLEEN 3971 45TH PLACE VERO BEACH FL 32967	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE: STERLING JONES</b>		<b>Jan 22 2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date (Type in Phone #)	



1st MOORE CR2E037 (10/06)

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