

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005737

FILED
Apr 09, 2009
Secretary of State

Entity Name: BRIDEGROOM APOSTOLIC FAITH CHURCH, INC.

Current Principal Place of Business:

8117 THRASHER AVENUE
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8117 THRASHER AVENUE
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3520107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSTER, ARDEN L CHM
8117 THRASHER
JACKSONVILLE, FL 32219 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: C () Delete
Name: LUSTER, ARDEN L ELDER
Address: 8057 THRASHER AVE.
City-St-Zip: JACKSONVILLE, FL 32219

Title: TD () Delete
Name: COLLINS, BETTY S
Address: 11325 QUAILHOLLOW DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WILLIAMS, CECIL D SR
Address: 8015 TARLING AVE.
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: SIMPSON, MOZELL
Address: 9976 ROSEWOOD GLEN LANE
City-St-Zip: JACKSONVILLE, FL 32219

Title: SD () Delete
Name: SIMPSON, TODD
Address: 9976 ROSEWOOD GLEN LANE
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: LUSTER, MILDRED A
Address: 8057 THRASHER AVENUE
City-St-Zip: JAX, FL 32219

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
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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: ARDEN L. LUSTER

CHM

04/09/2009

Electronic Signature of Signing Officer or Director

Date