## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005871

FILED Apr 30, 2009 Secretary of State

Entity Name: CHURCH OF GOD VALLEY OF BLESSING, OF CENTRAL FLORIDA INC.

| Current Principal Place of Business:   |  |   | New Principal Place  | New Principal Place of Business:                 |  |
|--|--|---|--|--|--|
|  | TH HART BLVD.<br>O, FL 32835   |   |  |  |  |
| Current Mailing Address:   |  |   | New Mailing Address:   |  |  |
|  | TH HART BLVD.<br>O, FL 32835   |   |  |  |  |
| El Number  | r: 59-3474171  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )  | Certificate of Status Desired ( )                |  |
| Name and   | d Address of Cu  | rrent Registered Agent:   | Name and Address   | of New Registered Agent:                         |  |
| 6143 GLÉ<br>ORLANDO<br>The above   | e named entity su  | JS<br>bmits this statement for the p  | ourpose of changing its register   | ed office or registered agent, or both,          |  |
| n the Stat   | e of Florida.  |   |  |  |  |
| SIGNATU  |  |   |  |  |  |
|  | Electronic   | Signature of Registered Age   | ent  | Date   |  |
| OFFICERS AND DIRECTORS:  |  |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                                    |  |  |
| Γitle:   | P ()[  | elete   | Title:   | ( ) Change ( ) Addition                          |  |
| Name:<br>Nddress:<br>Dity-St-Zip:  | ANNEUS, HENEC<br>6143 GLEN BARI<br>ORLANDO, FL 3   | R AVE.  | Name:<br>Address:<br>City-St-Zip:  |  |  |
| \ddress:   | 6143 GLEN BARI<br>ORLANDO, FL 3  | R AVE.<br>2809<br>velete  | Address:   | ( ) Change() Addition                            |  |
| Address:<br>Dity-St-Zip:<br>Title:<br>Name:<br>Address:                        | 6143 GLEN BARI<br>ORLANDO, FL 3<br>V P ( ) E<br>VOLCY, HILAIRE<br>8528 WHITE RD<br>ORLANDO, FL 3   | R AVE.<br>2809<br>Pelete<br>2818<br>Pelete<br>E<br>RIDGE CIR                | Address:<br>City-St-Zip:<br>Title:<br>Name:<br>Address:                        | ( ) Change ( ) Addition  ( ) Change ( ) Addition |  |
| Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address: | 6143 GLEN BARI<br>ORLANDO, FL 3<br>V P ( ) E<br>VOLCY, HILAIRE<br>8528 WHITE RD<br>ORLANDO, FL 3<br>D ( ) E<br>ANTOINE, DENIS<br>5513 BRECKEN I<br>ORLANDO, FL 3 | R AVE. 2809  Pelete  2818  Pelete E RIDGE CIR 2818  Pelete E, MARIE C G WAY | Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: |  |  |

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: HENECK ANNEUS P 04/30/2009