

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006471

FILED
Mar 25, 2009
Secretary of State

Entity Name: FARSIGHT CHRISTIAN MISSION, INC.

Current Principal Place of Business:

7128 WHITE OAK VALLEY RD.
MC DONALD, TN 37353

New Principal Place of Business:

Current Mailing Address:

7128 WHITE OAK VALLEY RD.
MC DONALD, TN 37353

New Mailing Address:

FEI Number: 65-0797586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADER, ROBERT L ESQ.
1901 W CYPRESS CREEK RD, STE 415
FORT LAUDERDALE, FL 33309 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: D () Delete
Name: POWERS, KENNETH
Address: 5560 SW 8 STREET
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: DV () Delete
Name: STOBAUGH, WILLIAM
Address: 660 RED CLAY PARK SW
City-St-Zip: CLEVELAND, TN 37311

Title: DT () Delete
Name: HALSTEAD, PAUL
Address: 11588 OAKLAWN RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: JERDE, HAROLD
Address: 6288 W. RT. 38
City-St-Zip: DEKALB, IL 60115

Title: DS () Delete
Name: MARCINIAK, AMANDA
Address: 196 CROOKED OAK CT.
City-St-Zip: SHEPHERDSVILLE, KY 40165

Title: DP () Delete
Name: HALSTEAD, LEVERN L
Address: 741 WILLOW GROVE TERRACE
City-St-Zip: DAVIE, FL 333256392

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:

Title: DP (X) Change () Addition
Name: HALSTEAD, LEVERN L
Address: 7128 WHITE OAK VALLEY RD
City-St-Zip: MC DONALD, TN 373534037

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: LEVERN HALSTEAD

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date