2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N97000006618

Entity Name: JUDGE BEN GORDON, JR. FAMILY VISITATION CENTER, INC.

Current Principal Place of Business:

SHALIMAR UNITED METHODIST CHURCH
1 OLD FERRY ROAD
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 436
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3483816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, SHARON
SHALIMAR UNITED METHODIST CHURCH
1 OLD FERRY ROAD
SHALIMAR, FL 32579 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: T ( ) Delete
Name: PETERSON, MARY JEAN
Address: P O BOX 436
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete
Name: ROGERS, SHARON
Address: P O BOX 436
City-St-Zip: SHALIMAR, FL 32579

Title: P ( ) Delete
Name: PATTISON, DON
Address: P O BOX 436
City-St-Zip: SHALIMAR, FL 32579

Title: SV ( ) Delete
Name: RAYBURN, DONNA
Address: P O BOX 436
City-St-Zip: SHALIMAR, FL 32579

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:

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: SHARON ROGERS D 04/11/2009

Electronic Signature of Signing Officer or Director — Date