2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N98000000949

Entity Name: ST. MICHAEL THE ARCHANGEL CHURCH, INC.

Current Principal Place of Business:

854 CARDINAL AVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

854 CARDINAL AVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3354882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALES, DREW H REV.
701 SOLANA SHORES DRIVE #208
CAPE CANAVERAL, FL 32920 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: P ( ) Delete
Name: WALES, DREW H REV.
Address: 701 SOLANA SHORES DRIVE #208
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ST ( ) Delete
Name: CASTRUP, IRMA MRS.
Address: 910 JEFFERSON ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: DBM ( ) Delete
Name: NOYES, SETH MR.
Address: 2992 CHICA CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DBM ( ) Change (X) Addition
Name: DIXON, CHARLES REV.
Address: 1159 IPSWICH ST NW
City-St-Zip: PALM BAY, FL 32907

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: DREW H. WALES P 03/23/2009

Electronic Signature of Signing Officer or Director — Date