2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N98000002917

Entity Name: CHURCH OF CHRIST IN THE GOLDEN TRIANGLE, INC.

Current Principal Place of Business:

212 W. ARDICE AVE.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

PO BOX 509
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 59-3206034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIMBROUGH, JEFF
32119 WOLFBRANCH LANE
SORRENTO, FL 32776 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:	PT	( ) Delete
Name:	KIMBROUGH, JEFF MR.	
Address:	32119 WOLFBRANCH LANE	
City-St-Zip:	SORRENTO, FL 32776	
Title:	ST	( ) Delete
Name:	HALL, ANDRE	
Address:	407 SOUTH AVE.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	TT	( ) Delete
Name:	MASON, BRENT	
Address:	32147 LOON BRANCH RD	
City-St-Zip:	SORRENTO, FL 32776	
Title:	VT	( ) Delete
Name:	MASON, DOUG	
Address:	32147 WOLFBRANCH LANE	
City-St-Zip:	SORRENTO, FL 32776	

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: JEFF KIMBROUGH PRES 07/01/2009

Electronic Signature of Signing Officer or Director — Date