2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003209

FILED Jan 30, 2008 Secretary of State

Entity Name: INTERNATIONAL OCCUPATIONAL THERAPISTS FOR CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business:

1405 BROWNLEA DR GREENVILLE, NC 27858

Current Mailing Address: New Mailing Address:

P O BOX 3291 GREENVILLE, NC 27836

FEI Number: 59-3504028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAIG-OATLEY, MARY E 201 SUMMERHAZE CT. ORMOND BEACH, FL 32174 US

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:

- Flatoria Circular de Paristanda de la contra dela contra de la contra dela contra de la contra del la contra de

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 GENTRY, ERNIE
 Name:
 GENTRY, ERNIE

 Address:
 30 ALLEN STREET
 Address:
 30 ALLEN STREET

 City-St-Zip:
 CANTON, NC 28716
 City-St-Zip:
 CANTON, NC 28716

 Title:
 SD () Delete
 Title:
 TD (X) Change () Addition

 Name:
 ABBOTT, CHRISTINE
 Name:
 ABBOTT, CHRISTINE

 Address:
 320 FOX RUN RD
 Address:
 320 FOX RUN RD

City-St-Zip: PINEHURST, NC 28374 City-St-Zip: PINEHURST, NC 28374

Title: TD () Delete Title: SD (X) Change () Addition Name: BROWN, LINDA PFISTER Name: WORLEY, SCOTT

Address: 321 MISSION RIDGE DR Address: 1405 BROWNLEA DR.
City-St-Zip: ROSSVILLE, GA 30741 City-St-Zip: GREENVILLE, NC 27858

Title: DIR () Delete Title: VD (X) Change () Addition

Name: SNYDER, JIM Name: SNYDER, JIM

Address: 103 CHARLEYS KNOB Address: 103 CHARLEYS KNOB City-St-Zip: PISGAH FOREST, NC 28768 City-St-Zip: PISGAH FOREST, NC 28768

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: ERNIE GENTRY PD 01/30/2008