2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2008
Secretary of State

DOCUMENT# N99000001410

Entity Name: GOD'S POCKET CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1232 N. TAMIAMI TRL
#7
N. FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1232 N. TAMIAMI TRL
#7
N. FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 91-1825478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEAN, ROBERT E DR.
1835 GRACE AV
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

LAING, RAYMOND R PASTOR
1232 NORTH TAMIAMI TRAIL
SUITE#7
FORT MYERS, FL 33903 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: RAYMOND R. LAING 02/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: BEAN, ROBERT E
Address: 1835 GRACE AV
City-St-Zip: FORT MYERS, FL 33901

Title: VTD ( ) Delete
Name: BEAN, CHRISTINA
Address: 1835 GRACE AV
City-St-Zip: FORT MYERS, FL 33901

Title: VSD (X) Delete
Name: RIZZO, VINCE
Address: 4962 MARS ST
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: LAING, RAYMOND R PASTOR
Address: 1232 NORTH TAMIAMI TRAIL #7
City-St-Zip: FORT MYERS, FL 33903

Title: SDT (X) Change ( ) Addition
Name: O'DONNELL, BARBARA PASTOR
Address: 13060 MULLINS
City-St-Zip: FORT MYERS, FL 33913

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: RAYMOND R. LAING PRES 02/03/2008
Electronic Signature of Signing Officer or Director Date