

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003856

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE CHURCH AT CHETS CREEK, INC.

Current Principal Place of Business:

4420 HODGES BLVD.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4420 HODGES BLVD.
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3586488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAZS, KEVIN A ESQ
GOBELMAN, LOVE, GAVIN, BLAZE 7 MATHIS
815 SOUTH MAIN ST #300
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

RADLOFF, JAMES ESQ
2051 ART MUSEUM DRIVE
SUITE 200
JACKSONVILLE, FL 32207 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: JAMES RADLOFF

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOGAN, STEPHEN E
Address: 4420 HODGES BLVD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: HASTINGS, NED
Address: 4420 HODGES BLVD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: JOLLAY, GEOFF
Address: 4420 HODGES BLVD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: PARKER, SCOTT
Address: 4420 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: REESE, GLENN
Address: 4420 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

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:

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: NED HASTINGS

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date