

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005328

FILED
Apr 29, 2009
Secretary of State

Entity Name: CHURCH OF CHRIST, INC. OF CENTRAL VOLUSIA

Current Principal Place of Business:

1234 FLOMICH AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1234 FLOMICH AVE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-1908847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANKOFFA, IMANI A
1234 FLOMICH AVE
HOLLY HILL, FL 32117 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: D () Delete
Name: LUNDY, THEODORE III
Address: 12041 SUNCHASE DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: AD () Delete
Name: ROSS, OLIVER SR
Address: 6 PHEASANT LANE
City-St-Zip: ORMOND BEACH, FL 32714

Title: D () Delete
Name: BADIE, REIO L
Address: 520 HUDSON STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: AUSTIN, JAMES
Address: 566 ELDORADO ST
City-St-Zip: DAYTONA BEACH, FL 33114

Title: AD () Delete
Name: WILLIAMS, JAMES M
Address: 909 OAK ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: O () Delete
Name: SANKOFFA, IMANI A
Address: 641 CLARK STREET
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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: IMANI A. SANKOFFA

O

04/29/2009

Electronic Signature of Signing Officer or Director

Date