

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005556

FILED
Apr 11, 2008
Secretary of State

Entity Name: THE CHURCH AT TRIPLE CROSS, INC.

Current Principal Place of Business:

20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 65-0945780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, NORMAN
20740 NW 100 AVE. ROAD
MICANOPY, FL 32667 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: PD () Delete
Name: EDWARDS, NORMAN
Address: 20740 NW 100 AVENUE ROAD
City-St-Zip: MICANOPY, FL 32667

Title: VD () Delete
Name: EDWARDS, PHYLLIS
Address: 20740 NW 100 AVENUE ROAD
City-St-Zip: MICANOPY, FL 32667

Title: SEC () Delete
Name: VIDAL, CALLIE SUE
Address: 20736 NW 100 AVE. ROAD
City-St-Zip: MICANOPY, FL 32667

Title: TRES () Delete
Name: EDWARDS, ANGEL RAE
Address: 20740 NW 100 AVENUE ROAD
City-St-Zip: MICANOPY, FL 32667

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: NORMAN EDWARDS

PD

04/11/2008

Electronic Signature of Signing Officer or Director

Date