# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2009**
**Secretary of State**

DOCUMENT# N99000006440

**Entity Name:** THE BUNNELL APOSTOLIC CHURCH OF GOD, INC.

**Current Principal Place of Business:**

500 N. PINE STREET (P.O. BOX 1420)
BUNNELL, FL 32110

**New Principal Place of Business:**

500 N. PINE STREET
BUNNELL, FL 32110

**Current Mailing Address:**

500 N. PINE STREET (P.O. BOX 1420)
BUNNELL, FL 32110

**New Mailing Address:**

**FEI Number: 59-3626794** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CAMPETELLA, GERALD M
500 N. PINE STREET
BUNNELL, FL 32110 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: S ( ) Delete
Name: CAMPETELLA, MARTHA
Address: 36 JUNIPEU PACS LANE
City-St-Zip: OCALA, FL 34480

Title: T ( ) Delete
Name: BROWN, JOSEPH
Address: 12 BLAKEFIELD DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete
Name: PRITCHARD, DAVID
Address: 6 LYNTON PLACE
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete
Name: LOPEZ, ANGEL
Address: 11 POST LANE
City-St-Zip: PALM COAST, FL 32164

**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: MARTHA CAMPETELLA S 04/12/2009

Electronic Signature of Signing Officer or Director — Date