2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000001719

Entity Name: C3 CHURCH,INC.

Current Principal Place of Business:

8660 MARGAVERA DR
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

PO BOX 781579
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 20-8921439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: BLEDSOE, BYRON
Address: PO BOX 781579
City-St-Zip: ORLANDO, FL 32878

Title: D ( ) Delete
Name: ROBISON, ROBBIE
Address: PO BOX 781579
City-St-Zip: ORLANDO, FL 32878

Title: D ( ) Delete
Name: RAGLE, JARNEY
Address: PO BOX 781579
City-St-Zip: ORLANDO, FL 32878

Title: D ( ) Delete
Name: BLEDSOE, ANGIE
Address: PO BOX 781579
City-St-Zip: ORLANDO, FL 32878

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: THOMAS, CLAUDE
Address: PO BOX 781579
City-St-Zip: ORLANDO, FL 32878

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: BARRY LEATHERS TR 04/30/2009

Electronic Signature of Signing Officer or Director Date