2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736834

FILED Apr 23, 2009 Secretary of State

Entity Name: THE CHURCH OF JESUS CHRIST HOLY MISSION, INC.

Current Principal Place of Business: New Principal Place of Business: 4067 ATTAPULGUS HWY 4067 ATTAPULGUS HWY QUINCY, FL 32351 QUINCY, FL 32352 **Current Mailing Address: New Mailing Address:** 4067 ATTAPULGUS HWY QUINCY, FL 32351 FEI Number: 00-2600030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, JAMES M JONES, JAMES M 156 JACK SCOTT ROAD 156 JAĆK SCOTT ROAD QUINCY, FL 32351 QUINCY, FL 32352 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: 04/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDTC PDTC () Delete (X) Change () Addition JONES, JAMES M Name: JONES, JAMES M Name: 166 JACK SCOTT RD Address: 156 JACK SCOTT RD Address: City-St-Zip: QUINCY, FL 32352 City-St-Zip: QUINCY, FL 32352 Title: () Delete Title: () Change () Addition SHAW, ELTON JR Name: Name: Address: 4089 ATTAPULGUS HWY Address: City-St-Zip: QUINCY, FL 32352 City-St-Zip: Title: () Delete Title: () Change () Addition DIXON, LUCRETIA Name: Name: 1616 ATTAPULGUS HWY Address: Address: City-St-Zip: QUINCY, FL 32352 City-St-Zip: Title: VCD () Delete Title: () Change () Addition BRYANT, MARIONETTE Name: Name: 207 CHARLIE HARRIS LOOP Address: Address: City-St-Zip: QUINCY, FL 32352 City-St-Zip: Title: CVD () Delete Title: () Change () Addition WILLIAMS, MARY Name: Name: 789 MADISON LN Address: Address: City-St-Zip: CAIRO, GA 39828 City-St-Zip: Title: () Delete Title: () Change () Addition WASHINGTON, RUTHA M Name: Name: Address: 2011 MLK JR BLVD Address: QUINCY, FL 32351 City-St-Zip: 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: JAMES M. JONES PDTC 04/23/2009