

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000563

FILED
Feb 12, 2009
Secretary of State

Entity Name: EVANGELISTIC MISSIONARY MOVEMENT, INC.

Current Principal Place of Business:

5902 SEABOARD AVE.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5902 SEABOARD AVE.
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-3720003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, IVIS A
1850 MANITOBA CT N
MIDDLEBURG, FL 32068 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: GARCIA, IVIS A
Address: 1850 MANITOBA CT N
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD () Delete
Name: GARCIA, ELLIOT M
Address: 1850 MANITOBA CT N
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD () Delete
Name: GUADALUPE, REBECA
Address: 8136 BEATLE BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: ROBLES, SAMUEL
Address: 5902 SEABOARD AVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: TUA, TERESA
Address: 2938 BENT BOW LANE
City-St-Zip: MIDDLEBURG, FL 32068

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: D (X) Change () Addition
Name: ROBLES, SAMUEL
Address: 6130 NORTH DR.
City-St-Zip: JACKSONVILLE, FL 32244

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: SAMUEL ROBLES

D

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date