2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008172

Apr 21, 2009 Secretary of State

Entity Name: WORLD MISSION OF JESUS CHRIST CHRISTIAN ACADEMY CHRISTIAN ACADEMY INC.

Current Principal Place of Business: New Principal Place of Business: 915 NE 125 ST. SUITE 204 NORTH MIAMI, FL 33161 **New Mailing Address: Current Mailing Address:** 915 NE 125 ST. SUITE 204 NORTH MIAMI, FL 33161 FEI Number: 90-0115476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAINT-JEAN, WILFIRD 17903 SW 2 STREET PEMBROKE PINES, FL 33029 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SAINT-JEAN, WILFRID Name: Name: 17903 SW 2 STREET Address: Address: PEMBROKE PINES, FL 33029 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition SAINT-JEAN, EMMANUELA Name: SAINT-JEAN, ANGE Name: Address: 8451 NW 5 AVE Address: 17903 SW 2 STREET City-St-Zip: MIAMI, FL 33150 City-St-Zip: PEMBROKE PINES, FL 33029 Title: () Delete Title: (X) Change () Addition MOMPLAISIR, JOHN J ALEXIS, EMMANUELA Name: Name: 1470 NE 136 ST N 18890 NW 57 AVE Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI LAKES, FL 33015 Title: TD () Delete Title: TD (X) Change () Addition MOMPLAISIR, JEFFREY Name: JOSEPH, NORMIL Name: 17600 NW 5 AVE APT 415 Address: 15400 NE 13TH AVE Address: City-St-Zip: MIAMI BCH, FL 33162 City-St-Zip: MIAMI GARDEN, FL 33169 Title: () Delete Title: (X) Change () Addition SAINT-JEAN, ANGE N MOMPLAISIR, SANDRA Name: Name: 945 NE 125 ST N 17600 NW 5 AVE APT 415 Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI GARDEN, FL 33169 Title: () Delete Title: (X) Change () Addition ST-JEAN, JOAM D ST-JEAN, JOAM Name: Name: Address: 8451 NW 5 AVE Address: 8451 NW 5 AVE MIAMI, FL 33150 MIAMI, FL 33150 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: WILFRID SAINT-JEAN P 04/21/2009