

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010606

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: BACK TO JERUSALEM, INC.

**Current Principal Place of Business:**

6628 WILLOW PARK DRIVE  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7129  
NAPLES, FL 34101 US

**New Mailing Address:**

FEI Number: 20-1581781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PELLE, KARLSSON  
6628 WILLOW PARK DRIVE  
NAPLES, FL 34109 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: P ( ) Delete  
Name: KARLSSON, PELLE  
Address: 6628 WILLOW PARK DRIVE  
City-St-Zip: NAPLES, FL 34109 US

Title: V ( ) Delete  
Name: FROEN, EIVIND  
Address: 6628 WILLOW PARK DRIVE  
City-St-Zip: NAPLES, FL 34109 US

Title: S ( ) Delete  
Name: TIRRONEN, TAISTO  
Address: 6628 WILLOW PARK DRIVE  
City-St-Zip: NAPLES, FL 34109 US

Title: T ( ) Delete  
Name: HOFER, DANIEL  
Address: 6628 WILLOW PARK DRIVE  
City-St-Zip: NAPLES, FL 34109 US

**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: PELLE KARLSSON

P

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date