

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004053

FILED
Apr 13, 2009
Secretary of State

Entity Name: WHOLESOME COMMUNITY MINISTRIES, INC.

Current Principal Place of Business:

15012 SYDNEY ROAD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

P. O BOX 592
SYDNEY, FL 33587

New Mailing Address:

FEI Number: 26-1994690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IRIZARRY, CARLOS M
15012 SYDNEY ROAD
DOVER, FL 33527 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: IRIZARRY, CARLOS M
Address: 15012 SYDNEY ROAD
City-St-Zip: DOVER, FL 33527

Title: VP () Delete
Name: IRIZARRY, JUDY
Address: 15012 SYDNEY ROAD
City-St-Zip: DOVER, FL 33587

Title: SEC () Delete
Name: RIVERA, LAURIMAR
Address: 1320 HATCH PLACE
City-St-Zip: VALRICO, FL 33594

Title: TREA () Delete
Name: PEREZ, JAMES J
Address: 11609 MISTY ISLE LANE
City-St-Zip: RIVERVIEW, FL 33569

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: CARLOS M. IRIZARRY

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date