

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705628

FILED
Jun 03, 2009
Secretary of State

Entity Name: JOHN PAUL CORPORATION

Current Principal Place of Business:

12100 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12100 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 59-0998614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDEARMAID, MICHAEL
12100 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161 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: MCDEARMAID, MICHAEL
Address: 840 NE 127 ST
City-St-Zip: MIAMI, FL 33161

Title: V () Delete
Name: MCENROE, JOHN
Address: 13510 SW 6 PLACE
City-St-Zip: DAVIE, FL 33325

Title: DS () Delete
Name: SEIFRIED, KEVIN
Address: 12665 N.W. 8TH AVE,
City-St-Zip: NORTH MIAMI, FL 33168

Title: TD () Delete
Name: ROMANIK, TOM
Address: 195 N.W. 103RD ST
City-St-Zip: MIAMI SHORES, FL 33150

Title: D () Delete
Name: SMITH, STEVE
Address: 11711 WEST BISCAYNE CANAL DRIVE
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: SANFILIPPO, SAM
Address: 1015 NE 127TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

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:

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: MICHAEL MCDEARMAID

Electronic Signature of Signing Officer or Director

PRES

06/03/2009

_____ Date