2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 717999

Entity Name: SOUTH FLORIDA MISSIONARY CLASS, INC.

Current Principal Place of Business:

5011 ADAMS ST
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5011 ADAMS ST
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 23-7066047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, LOWELL E
5011 ADAMS ST
HOLLYWOOD, FL 33021 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: STD ( ) Delete
Name: LOWE, LOWELL E.
Address: 5011 ADAMS STREET.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: GOMEZ, FRANK
Address: 14311 SW 36 STREET
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete
Name: MCLAREN, CLIVE E
Address: 4950 NW 48 AVE
City-St-Zip: FORT LAUDERDALE, FL 333193659

Title: PD ( ) Delete
Name: SKELTON, MALCOLM
Address: 11411 NW 18 ST.
City-St-Zip: HOLLYWOOD, FL 33026

Title: D ( ) Delete
Name: PASQUALE, PERRY
Address: 6801 N.E. 7TH AVENUE
City-St-Zip: BOCA, RA

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:

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: MALCOLM SKELTON PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date