

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006792

FILED
Mar 19, 2009
Secretary of State

Entity Name: EGLISE DE JESUS-CHRIST FULL GOSPEL (INCORPORATED)

Current Principal Place of Business:

2081 JNC BLVD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5270 GEORGIA AVENUE
NAPLES, FL 34113

New Mailing Address:

FEI Number: 52-1932917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALCIME, MARIO
5270 GEORGIA AVENUE
NAPLES, FL 34113 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: DCP () Delete
Name: ALCIME, MARIO REV
Address: 4106 ROSE AVE
City-St-Zip: NAPLES, FL 34112

Title: C () Delete
Name: DAVIUS, JEAN PAUL
Address: DELMAS 95 JACQUET TOTO, # 42-BIS
City-St-Zip: PETION-VILLE, HAITI,

Title: D () Delete
Name: CALIXTE, FRANTZ
Address: 4106 ROSE AVE
City-St-Zip: NAPLES, FL

Title: DT () Delete
Name: ALTIDOR, WILSON
Address: 4910 CATALINA DR
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: KELLY, SIMEON
Address: 7712 DI LIDO BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: MD () Delete
Name: ODINEL, JOSEPH, PASTOR
Address: 9334 2 AVE
City-St-Zip: MONTREAL, QUEBEC, CANADA, CA HEZ 2TI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change () Addition
Name: ALCIME, MARIO REV
Address: 11480 WHISTLER
City-St-Zip: NAPLES, FL 34113

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: MD (X) Change () Addition
Name: FRANCKS, DEVERZE
Address: 7648 BLVD SHAUGHNESSH APT 1
City-St-Zip: MONTREAL, QUEBEC, CANADA, CA H2A1K4

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: KELLY SIMEON

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date