

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004299

FILED
Apr 22, 2009
Secretary of State

Entity Name: ECUMENICAL COMMUNITY SERVICE, INC.

Current Principal Place of Business:

1840 W 49TH STREET
SUITE #100
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

2038 NW 5TH PLACE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 01-0520210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, VINCENT
16349 NW 57TH AVE
HIALEAH, FL 33014 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: PD () Delete
Name: MCINTYRE, VINCENT
Address: PO BOX 382070
City-St-Zip: MIAMI, FL 33238

Title: SD () Delete
Name: MCINTYRE, CONSTANCE
Address: PO BOX 382070
City-St-Zip: MIAMI, FL 33238

Title: D () Delete
Name: ST CHARLES, JULES
Address: 8310 NE 3RD AVE
City-St-Zip: MIAMI, FL 33138

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:

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: DR. VINCENT MCINTYRE

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date