2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000563

FILED Feb 12, 2009 Secretary of State

Entity Name: EVANGELISTIC MISSIONARY MOVEMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 5902 SEABOARD AVE. JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** 5902 SEABOARD AVE JACKSONVILLE, FL 32244 FEI Number: 59-3720003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, IVIS A 1850 MANITOBA CT N MIDDLEBURG, FL 32068 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARCIA, IVIS A Name: Name: 1850 MANITOBA CT N Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: GARCIA, ELLIOT M Name: Address: 1850 MANITOBA CT N Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: () Delete Title: () Change () Addition GUADALUPE, REBECA Name: Name: 8136 BEATLE BLVD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROBLES, SAMUEL Name: Name: ROBLES, SAMUEL 5902 SEABOARD AVE Address: Address: 6130 NORTH DR. City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244 Title: () Delete Title: () Change () Addition TUA, TERESA Name: Name: 2938 BENT BOW LANE Address: Address: MIDDLEBURG, FL 32068 City-St-Zip: 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: SAMUEL ROBLES D 02/12/2009