## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000651

Apr 25, 2011 Secretary of State

Entity Name: SHALOM CENTER MINISTRY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

6620 ARLINGTON EXPRESSWAY

6604

JACKSONVILLE, FL 32211

**New Mailing Address: Current Mailing Address:** 

8229 JUSTIN RD N 5270 GLENWOOD AVENUE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32205

FEI Number: 59-3702651 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MERVIL, JACQUES REV 8229 JUSTIN RD N

JACKSONVILLE, FL 32210 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:**

MERVIL, JACQUES Name: Address: 8229 JUSTIN RD N City-St-Zip: JACKSONVILLE, FL 32210

Title:

Name: MAGALIE, SAINT PREUX Address: 3131 UNIVERSITY BLVD City-St-Zip: JACKSONVILLE, FL 32211

Title: MB

MERVIL, EVELYN Name: 1021 WESTBROOK CIR W Address: City-St-Zip: JACKSONVILLE, FL 32209

Title: SD

Name: MERVIL, JOAS Address: 104 KING ST. #46

City-St-Zip: JACKSONVILLE, FL 32204

Title:

JIMMY, MERVIL Name:

5928 FIRESTON RD SUIT 156 Address: City-St-Zip: JACKSONVILLE, FL 32244

Title:

BONAPARTE, BRUNET Name: Address: 1801 LANE AVE JACKSONVILLE, FL 32210 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JACQUES MERVIL PD 04/25/2011