

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008615

FILED
Mar 20, 2009
Secretary of State

Entity Name: JESUSIS4 FOUNDATION, INC.

Current Principal Place of Business:

11445 HONEY JORDAN POINT
INGLIS, FL 34449

New Principal Place of Business:

Current Mailing Address:

11445 HONEY JORDAN POINT
INGLIS, FL 34449

New Mailing Address:

FEI Number: 01-0569366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWHUN, CATHERINE C
11445 HONEY JORDAN POINT
INGLIS, FL 34449 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: T () Delete
Name: ADAMS, GLORIA J PTR
Address: 42 DAISY STREET
City-St-Zip: INGLIS, FL 34449 US

Title: CH () Delete
Name: LAWHUN, CATHERINE C FAC
Address: 11445 HONEY JORDAN POINT
City-St-Zip: INGLIS, FL 34449 US

Title: D () Delete
Name: CARY, MELVIN M PSM
Address: 1414 S.W. MARTIN LUTHER KING JR. AVE.
City-St-Zip: OCALA, FL 34474 US

Title: D () Delete
Name: HUMISTON, KENNETH K PE
Address: 324 SHARWOOD DRIVE
City-St-Zip: NAPLES, FL 34110 US

Title: VCH () Delete
Name: GALLAGHER, JUDITH RN
Address: P.O BOX 1110
City-St-Zip: INGLIS, FL 34449 US

Title: D () Delete
Name: JOHN, BOLDT PE
Address: 5124 EAST HYDE CT
City-St-Zip: COLUMBUS, IN 47203 US

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
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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: CATHERINE LAWHUN

CH

03/20/2009

Electronic Signature of Signing Officer or Director

Date