

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001273

FILED
Mar 18, 2009
Secretary of State

Entity Name: MARK CHRISTIAN MINISTRIES OF JESUS CHRIST, INC.

Current Principal Place of Business:

5565 LEE ST.
SUITE 10
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

4508 6TH ST. WEST
LEHIGH ACRES, FL 33971

New Mailing Address:

5565 LEE ST.
SUITE 10
LEHIGH ACRES, FL 33971

FEI Number: 27-0079432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARK, LEON
4508 6TH ST. WEST
LEHIGH ACRES, FL 33971 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: MARK, LEON
Address: 4508 6TH ST. WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: EVD () Delete
Name: MARK, TOWANNA D
Address: 4508 6TH ST. WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: DAVIS, GLORIA
Address: 3228 WILLIN ST.
City-St-Zip: FORT MYERS, FL 33916

Title: S () Delete
Name: SCOTT, LATOYA R
Address: 111 PINE LANE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TD () Delete
Name: SHIRLEY, MCDONALD M
Address: 7571 OMNI LANE APT 202
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: MARK, THELMA M
Address: 7571 OMNI LANE APT 202
City-St-Zip: FT. MYERS, FL 33905

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
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: LEON MARK

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date