

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009515

FILED
Apr 30, 2009
Secretary of State

Entity Name: OM ONE GOD FOUNDATION, INC.

Current Principal Place of Business:

9431 LIVE OAK PL APT 102
102
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

9431 LIVE OAK PL APT 102
102
DAVIE, FL 33324

New Mailing Address:

FEI Number: 13-4308535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALENCIA, LUZ A
9401 LIVE OAK PL 104
104
DAVIE, FL 33324 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: D () Delete
Name: RANGEL, CLAUDIA L
Address: 2051 TIGRIS DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: S&T () Delete
Name: DUQUE, CATHERINE
Address: 9431 LIVE OAK PLACE, APT 203,
City-St-Zip: DAVIE, FL 33324 US

Title: O () Delete
Name: HERNANDEZ, MARTHA I
Address: 9431 LIVE OAK PLACE 403
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: MEJIA, SYLVIA M
Address: 9470 LIVE OAK PL
City-St-Zip: DAVIE, FL 33324

Title: P () Delete
Name: VALENCIA, LUZ A
Address: 9401 LIVE OAK PL 104
City-St-Zip: DAVIE, FL 33324

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:

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: LUZ A. VALENCIA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date