

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011575

FILED
Mar 30, 2009
Secretary of State

Entity Name: CHRIST IS MY VICTORY THE MISSION OF COMPASSION, INC.

Current Principal Place of Business:

5764 WINGATE DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

PO BOX 593824
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 22-3918148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UTRERA, NATALIA ESQ
1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145 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: JOLY, MARIE W
Address: 5764 WINGATE DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: VPD () Delete
Name: SAINTIVAL, MARIE M VP
Address: 6601 SYFERT CT
City-St-Zip: ORLANDO, FL 32839

Title: SEC () Delete
Name: BAPTISTE, EMELYNE JEAN
Address: 5764 WINGATE DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: T () Delete
Name: ESTIVERNE, GUERLINE B
Address: 5033 MALLARD POND CT.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: AUGUSTIN, CALIXTE
Address: 5764 WINGATE DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: SEC () Delete
Name: ESTIVERNE, STEVE
Address: 5033 MALLARD POND CT
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: ELSIE, CELESTIN
Address: 5764 WINGATE DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: MARIE, YOLETTE GERMAIN
Address: 5764 WINGATE DR
City-St-Zip: ORLANDO, FL 32839

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: MARIE W. JOLY

Electronic Signature of Signing Officer or Director

PRES

03/30/2009

Date