

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05242

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: EVANGELIST JERUSALEM, INC.

**Current Principal Place of Business:**

732 ASHLAND ST.  
MASCOTTE, FL 347530277

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 277  
MASCOTTE, FL 34753

**New Mailing Address:**

FEI Number: 59-2981707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GALLEGOS, MARIA G  
16168 HILLSIDE CIRCLE  
MONTVERDE, FL 34756 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: RAMIREZ, JUAN M,  
Address: 735 ASHLAND RD  
City-St-Zip: MASCOTTE, FL

Title: V ( ) Delete  
Name: RAMIREZ, MARIA DEL R, EFUGIO  
Address: 735 ASHLAND  
City-St-Zip: MASCOTTE, FL

Title: T ( ) Delete  
Name: GALLEGOS, MARIA G  
Address: 16168 HILLSIDE CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

Title: S ( ) Delete  
Name: RIVAS, MARIA T  
Address: 438 ASHMORE AVE  
City-St-Zip: MASCOTTE, FL 34753

Title: D ( ) Delete  
Name: RIVAS, JESSIE  
Address: 438 ASHMORE AVE  
City-St-Zip: MASCOTTE, FL 34753

**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:

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: MARIA T. RIVAS

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01/18/2008

Electronic Signature of Signing Officer or Director

Date