

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05242

FILED
Mar 11, 2009
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: PD (X) Change () Addition
Name: RAMIREZ, JUAN M,
Address: 735 ASHLAND RD
City-St-Zip: MASCOTTE, FL 34756

Title: V (X) Change () Addition
Name: RAMIREZ, MARIA DEL R, EFUGIO
Address: 735 ASHLAND
City-St-Zip: MASCOTTE, FL 34756

Title: S (X) Change () Addition
Name: GALLEGOS, MARIA G
Address: 16168 HILLSIDE CIRCLE
City-St-Zip: MONTVERDE, FL 34756

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

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 G GALLEGOS

S

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date