

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003757

FILED
May 01, 2008
Secretary of State

Entity Name: THE FLORIDA CHAPTER OF CUMBERLAND UNIVERSITY IN ASSOCIATION WITH JEHOVAH JIREH INSTITUTE INC

Current Principal Place of Business:

3600 S.STATE RD #7
SUITE #354
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

3600 S.STATE RD #7
SUITE #354
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

M A AITCHESON & ASSOCIATES INC
3600 S.STATE RD #7
SUITE #354
MIRAMAR, FL 33023 US

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: ED () Delete
Name: MCCULLOUGH, BRYAN C
Address: 3600 S.STATE RD #7
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: ANDERSON, DERCIE
Address: 3600 S.STATE RD #7
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: MINTO-ALLEN, MARIE
Address: 3600 S STATE RD #7
City-St-Zip: PLANTATION, FL 33023

Title: D () Delete
Name: AITCHESON, MICHAEL
Address: 3600 S.STATE RD #7
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: LEDGISTER, RICHARD
Address: 3600 S.STATE RD #7
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: MCMILLAN, LESLIE
Address: 3600 S.STATE RD #7
City-St-Zip: MIRAMAR, FL 33023

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: BRYAN C MCCULLOUGH

ED

05/01/2008

Electronic Signature of Signing Officer or Director

Date