2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# N06000004250

Entity Name: CHANGING LIVES MINISTRY OF JACKSONVILLE, INC.

Current Principal Place of Business:

12648 STAVELEY DRIVE S.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

12648 STAVELEY DRIVE S.
JACKSONVILLE, FL 32225 US

New Mailing Address:

12648 STAVELEY DR. S
JACKSONVILLE, FL 32225 US

FEI Number: 20-4323902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: JOHNSON, ARLEAN
Address: 12648 STAVELY DRIVE S.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP ( ) Delete
Name: JOHNSON, ARLEAN R
Address: 12648 STAVELY DRIVE S
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DIR ( ) Delete
Name: JOHNSON, ARLEAN
Address: 12648 STAVELY DRIVE S
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, CHRISTOPHER W SR.
Address: 12648 STAVELEY DR. S
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP (X) Change ( ) Addition
Name: JOHNSON, ARLEAN
Address: 12648 STAVELEY DR. S
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DIR (X) Change ( ) Addition
Name: JOHNSON, ARLEAN
Address: 12648 STAVELEY DR. S
City-St-Zip: JACKSONVILLE, FL 32225 US

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: ARLEAN JOHNSON VP 09/02/2009

Electronic Signature of Signing Officer or Director — Date