

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012219

FILED
Mar 30, 2009
Secretary of State

Entity Name: CHRISTIAN ORIENTED EVANGELISTIC HEALTHCARE MINISTRY, INC.

Current Principal Place of Business:

709 N. RENNES CT.
KISSIMMEE, FL 34759

New Principal Place of Business:

1152 E. VINE STREET
KISSIMMEE, FL 34744

Current Mailing Address:

709 N. RENNES CT.
KISSIMMEE, FL 34759

New Mailing Address:

1937 KIMLYN CIRCLE
KISSIMMEE, FL 34758

FEI Number: 06-1785021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, EDNA
626 MILAN DR.
KISSIMMEE, FL 34758 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: CEO () Delete
Name: RIVERA, JEFFREY RN BSN
Address: 709 N. RENNES CT.
City-St-Zip: KISSIMMEE, FL 34759

Title: P () Delete
Name: APONTE, RAMON ESQ.
Address: 626 MILAN DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: S () Delete
Name: APONTE, YARITZA
Address: 709 N. RENNES CT.
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RIVERA, JEFFREY RN BSN
Address: 1937 KIMLYN CIR
City-St-Zip: KISSIMMEE, FL 34758

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

Title: S (X) Change () Addition
Name: APONTE, YARITZA
Address: 1937 KIMLYN CIR
City-St-Zip: KISSIMMEE, FL 34758

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: JEFFREY RIVERA

CEO

03/30/2009

Electronic Signature of Signing Officer or Director

Date