2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000068

FILED Apr 25, 2009 Secretary of State

Entity Name: JERUSALEM COMMUNITY SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 2800 BROADWAY STREET 444 HIGHLAND STREET FORT MYERS, FL 33901 LEHIGH ACRES, FL 33974 **Current Mailing Address: New Mailing Address:** 2800 BROADWAY STREET P.O BOX 62343 FORT MYERS, FL 33901 FORT MYERS, FL 33906 FEI Number: 41-2226893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAINT MARC, ROLAND 1210 WESTFIELD DRIVE US FORT MYERS, FL 33919 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SAINT, MARC, ROLAND Name: Name: 1210 WESFIELD DR Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ST. MARC, SIMONE Name: PETIT- FRERE, SOLANGE Address: 1210 WESTFIELD DRIVE Address: 1411 GENOA AVE City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33913 Title: () Delete Title: () Change () Addition JONAS, ETIENNE Name: Name: 1131 SW. 34TH STREET Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MONIQUE, FABIEN Name: Address: 1131 SW 34TH STREET Address: City-St-Zip: CAPE CORAL, FL 33904 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: ROLAND ST. MARC P 04/25/2009