

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001287

FILED
Apr 27, 2009
Secretary of State

Entity Name: MARRIAGE MOTIVATIONAL SERIES, INCORPORATED

Current Principal Place of Business:

11160 APPLE BLOSSOM TRAIL WEST
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11160 APPLE BLOSSOM TRAIL WEST
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 56-2631424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMMS, ROBERT O.A.
11160 APPLE BLOSSOM TRAIL WEST
JACKSONVILLE, FL 32218 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: SAMMS, ROBERT O.A.
Address: 11160 APPLE BLOSSOM TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: SAMMS, PAMELA R
Address: 11160 APPLE BLOSSOM TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: DOW, TAMAYLIA R
Address: 11160 APPLE BLOSSOM TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: AST () Delete
Name: BOSCH, SHERINE A
Address: 11160 APPLE BLOSSOM TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: ROBERT O. A. SAMMS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date