2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000008313

Entity Name: AN ENCOUNTER WITH JESUS INC

Current Principal Place of Business:

532 SW MCCOMB AVE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

P O BOX 13177
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 26-0784081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CAMPO, HECTOR
532 SW MCCOMB AVE
PORT ST LUCIE, FL 34953 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: O'CAMPO, HECTOR
Address: 532 SW MCCOMB AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP ( ) Delete
Name: O'CAMPO, LUCELY
Address: 532 SW MCCOMB AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SEC ( ) Delete
Name: BELTRANENA, HILDA
Address: 163 SE OAKRIDGE AVE
City-St-Zip: PORT ST LUCIE, FL 34982

Title: D ( ) Delete
Name: ARMENDARIS, GERALDO
Address: 5129 NW MILNER DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete
Name: BRACERO, ANGEL L
Address: 613 SW BACON TERR
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: BELTRANENA, CARLOS
Address: 163 SE OAKRIDGE AVE
City-St-Zip: PORT ST LUCIE, FL 34982

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: HECTOR OCAMPO PR 04/30/2008

Electronic Signature of Signing Officer or Director — Date