2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009929

FILED Apr 14, 2009 Secretary of State

Entity Name: CUTLER BAY JESUS MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business: 8601 SW 199 STREET CUTLER BAY, FL 33157 US **Current Mailing Address: New Mailing Address:** 8801 SW RIDGELAND DRIVE CUTLER BAY, FL 33157 US FEI Number: 42-1742445 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: BERNAL, JOEL D 8801 SW 199 STREET CUTLER BAY, FL 33157 US 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: () Delete () Change () Addition BERNAL, JOEL D Name: Name: 8801 RIDGELAND DR. Address: Address: City-St-Zip: CUTLER BAY, FL 33157 US City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition BERNAL, ISMELY Name: MARIA, CRUZ Name: Address: 8801 RIDGELAN DR. Address: 8801 RIDGELAN DR. City-St-Zip: CUTLER BAY, FL 33157 City-St-Zip: CUTLER BAY, FL 33157 Title: () Delete Title: () Change () Addition FERNANDO, LAMIGUEIRO RV.D Name: Name: 18867 SW 85 CT. BLDG #5 APT #14 Address: Address: City-St-Zip: CUTLER BAY, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition BEATRIZ, FERNANEZ Name: Name: Address: 4725 NW 7 ST APT #308 Address: City-St-Zip: HOMESTEAD, FL 33126 US City-St-Zip: Title: () Delete Title: () Change () Addition ELYUT, BERNAL Name: Name: 10359 SW 209 LN Address: Address: City-St-Zip: MIAMI, FL 33189 City-St-Zip: Title: (X) Delete Title: () Change () Addition PICHS, GUILLERMO REV Name: Name: Address: 29617 SW 158 CT Address: HOMESTEAD, FL 33033 City-St-Zip: 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: JOEL DAVID BERNAL PRES 04/14/2009