## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010017

FILED Jul 14, 2008 Secretary of State

Entity Name: ALLAN KARDEC SPIRITIST GROUP OF JAX, INC.

Current Principal Place of Business: New Principal Place of Business:

6094 MAGGIES CIRCLE 4251 UNIVERSITY BLVD

UNIT 10 SUITE 402

JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

6094 MAGGIES CIRCLE 4251 UNIVERSITY BLVD

UNIT 10 SUITE 402

JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32216

FEI Number: 32-0217932 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUNHA, MARLENE P 6094 MAGGIES CIRCLE UNIT 10 JACKSONVILLE, FL 32244 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:

Clarity via Cinnethus of Devictor of Annut

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: CHAI () Delete Title: CHAI (X) Change () Addition

Name: CUNHA, MARLENE Name: CUNHA, MARLENE P
Address: 6094 MAGGIES CIRCLE UNIT 10
Address: 6094 MAGGIES CIRCLE UNIT 10

City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PEIPER, ARNOLD
 Name:

 Address:
 7800 POINT MEADOWS DR UNIT 116
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

Title: TREA ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RODRIGUES, SOLANGE
 Name:

 Address:
 9550 BENT OAK CT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32258
 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: MARLENE P. CUNHA MS. 07/14/2008