## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010017

City-St-Zip:

JACKSONVILLE, FL 32258

FILED Jan 07, 2009 Secretary of State

Entity Name: ALLAN KARDEC SPIRITIST GROUP OF JAX, INC. **Current Principal Place of Business:** New Principal Place of Business: 4251 UNIVERSITY BLVD 4251 UNIVERSITY BLVD SOUTH SUITE 402 SUITE 402 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 **New Mailing Address: Current Mailing Address:** 4251 UNIVERSITY BLVD 4251 UNIVERSITY BLVD S. SUITE 402 SUITE 402 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 FEI Number: 32-0217932 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUNHA, MARLENE P 6094 MÁGGIES 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CUNHA, MARLENE P Name: Name: Address: 6094 MAGGIES CIRCLE UNIT 10 Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: 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 RODRIGUES, SOLANGE Name: Name: 9550 BENT OAK CT Address: Address:

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.

City-St-Zip:

SIGNATURE: MARLENE P. CUNHA CHAI 01/07/2009