## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011049

FILED Apr 02, 2008 Secretary of State

Entity Name: FIRM FOUNDATION CHRISTIAN FELLOWSHIP OF JESUS CHRIST INC.

**Current Principal Place of Business: New Principal Place of Business:** 12612 EARLY RUN LANE 9840 BALM RIVERVIEW RD. RIVERVIEW, FL 33578 RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** PO BOX 1542 PO BOX 1542 RIVERVIEW, FL 335681542 RIVERVIEW, FL 33568 US FEI Number: 68-0663384 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: QUINN, JAMAL E 12612 ÉARLY RUN LANE RIVERVIEW, FL 33578 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 (X) Change ( ) Addition QUINN, JAMAL E QUINN, JAMAL E Name: Name: PO BOX 1542 Address: PO BOX 1542 Address: City-St-Zip: RIVERVIEW, FL 335681542 City-St-Zip: RIVERVIEW, FL 33568 Title: VTD Title: VTD (X) Change ( ) Addition ( ) Delete QUINN, SHERYL L Name: QUINN, SHERYL L Name: Address: PO BOX 1542 Address: PO BOX 1542 City-St-Zip: RIVERVIEW, FL 335681542 City-St-Zip: RIVERVIEW, FL 33568 Title: SD () Delete Title: SD (X) Change ( ) Addition BAKER, APRIL BAKER, APRIL Name: Name: PO BOX 1542 Address: PO BOX 1542 Address: City-St-Zip: RIVERVIEW, FL 335681542 City-St-Zip: RIVERVIEW, FL 33568 ( ) Change (X) Addition Title: () Delete Title: PITTS, CORY Name: Name: Address: Address: PO BOX 1542 City-St-Zip: City-St-Zip: RIVERVIEW, FL 33568 Title: () Delete Title: ( ) Change (X) Addition GADSON, RASHAWN Name: Name: PO BOX 1542 Address: Address: RIVERVIEW, FL 33568 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: JAMAL E. QUINN PD 04/02/2008