

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011049

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9840 BALM RIVERVIEW RD.  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

PO BOX 1542  
RIVERVIEW, FL 33568 US

**New Mailing Address:**

FEI Number: 68-0663384      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

QUINN, JAMAL E  
12612 EARLY RUN LANE  
RIVERVIEW, FL 33578 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: PD ( ) Delete  
Name: QUINN, JAMAL E  
Address: PO BOX 1542  
City-St-Zip: RIVERVIEW, FL 33568

Title: VTD ( ) Delete  
Name: QUINN, SHERYL L  
Address: PO BOX 1542  
City-St-Zip: RIVERVIEW, FL 33568

Title: SD ( ) Delete  
Name: BAKER, APRIL  
Address: PO BOX 1542  
City-St-Zip: RIVERVIEW, FL 33568

Title: D ( ) Delete  
Name: PITTS, CORY  
Address: PO BOX 1542  
City-St-Zip: RIVERVIEW, FL 33568

Title: D (X) Delete  
Name: GADSON, RASHAWN  
Address: PO BOX 1542  
City-St-Zip: RIVERVIEW, FL 33568

**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: D (X) Change ( ) Addition  
Name: GADSON, RASHAWN  
Address: PO BOX 1542  
City-St-Zip: RIVERVIEW, FL 33568

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: JAMAL E. QUINN

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date