

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001857

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** MAJJ FOUNDATION (MATTHEW 25:31-40) SHARE LOVE CORP.

**Current Principal Place of Business:**

1897 RUSHDEN DRIVE  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1897 RUSHDEN DRIVE  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE NAJAC GROUP, INC.  
600 W OAKRIDGE ROAD  
BUILDING 3  
ORLANDO, FL 32809 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: P ( ) Delete  
Name: JEAN-JACQUES, MARIE A  
Address: 1897 RUSHDEN DRIVE  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: JEAN-FRANCOIS, SABINE  
Address: 1897 RUSHDEN DRIVE  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIE A JEAN JACQUES

PRES

03/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date