# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 13, 2009**
**Secretary of State**

DOCUMENT# N08000002382

**Entity Name:** LGJC INTERNATIONAL ENTERTAINMENT SINGING MINISTRIES, INC.

**Current Principal Place of Business:**

12555 NW 1ST AVR.
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

12555 NW 1ST AVR.
MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

ANTOINE-CHAPLESKY, LISNA
12555 NW 1ST AVR.
MIAMI, FL 33168 US

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

ANTOINE-CHAPIESKY, LISNA
12555 NW 1ST AVR.
MIAMI, FL 33168 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: LISNA ANTOINE-CHAPIESKY 08/13/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ANTOINE-CHAPLESKY, LISNA
Address: 12555 NW 1ST AVR.
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete
Name: CHAPLESKY, ROBERT E
Address: 12555 NW 1ST AVR.
City-St-Zip: MIAMI, FL 33168

Title: S ( ) Delete
Name: ANTOINE, JEANNETTE
Address: 12555 NW 1ST AVR.
City-St-Zip: MIAMI, FL 33168

Title: AS ( ) Delete
Name: SAINTSURIN, JIMMY
Address: 12555 NW 1ST AVR.
City-St-Zip: MIAMI, FL 33168

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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: MD (X) Change ( ) Addition
Name: SAINTSURIN, JIMMY
Address: 12555 NW 1ST AVR.
City-St-Zip: MIAMI, FL 33168

Title: A ( ) Change (X) Addition
Name: JEAN, JACQUELINE
Address: 12555 NW 1ST AVE
City-St-Zip: MIAMI, FL 33168

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: LISNA ANTOINE-CHAPIESKY PD 08/13/2009
Electronic Signature of Signing Officer or Director Date