

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003702

FILED
Jun 16, 2009
Secretary of State

Entity Name: THE JESUS CHRIST MY SAVIOR FOUNDATION, INC.

Current Principal Place of Business:

413 SUMMIT RIDGE PLACE
APT. #211
LONGWOOD, FL 32779 US

New Principal Place of Business:

106 GRAHAM ROAD
FERN PARK, FL 32730 US

Current Mailing Address:

413 SUMMIT RIDGE PLACE
APT. #211
LONGWOOD, FL 32779 US

New Mailing Address:

106 GRAHAM ROAD
FERN PARK, FL 32730 US

FEI Number: 26-2201102 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

JESUS CHRIST MY SAVIOR, INC.
413 SUMMIT RIDGE PLACE
APT. #211
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

JESUS CHRIST MY SAVIOR, INC.
106 GRAHAM ROAD
FERN PARK, FL 32730 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: MICHAEL PADIN

06/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PADIN, MICHAEL
Address: 413 SUMMIT RIDGE PLACE APT. #211
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP () Delete
Name: PADIN, WANDA I
Address: 2909 BERMUDA AVENUE SOUTH
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PADIN, MICHAEL
Address: 106 GRAHAM ROAD
City-St-Zip: FERN PARK, FL 32730 US

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: MICHAEL PADIN

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date