2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000011357

Entity Name: CORNISH MEMORIAL A.M.E. ZION, INC.

Current Principal Place of Business:

702 WHITEHEAD ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

702 WHITEHEAD ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, DARLENE
619 MICKENS LANE
KEY WEST, FL 33040 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: SD ( ) Delete
Name: FISHER, DETRA
Address: 424 COUNTY RD.
City-St-Zip: KEY WEST, FL 33040

Title: CD ( ) Delete
Name: SANDS, ROOSEVELT C
Address: 311 CROSS ST.
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: GALLAGHER, PATRICIA
Address: 704 WHITEHEAD ST.
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete
Name: FORBES, ELLAVISE
Address: 723 WHITEHEAD ST.
City-St-Zip: KEY WEST, FL 33040

Title: PTD ( ) Delete
Name: BENNETT, DARLENE
Address: 619 MICKENS LANE
City-St-Zip: KEY WEST, FL 33040

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: ( ) 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: ROOSEVELT C.SANDS CD 04/30/2009

Electronic Signature of Signing Officer or Director — Date