

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24850

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: JESUS CHRIST INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

2551 NW 20TH STREET  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190213  
FORT LAUDERDALE, FL 33319 US

**New Mailing Address:**

FEI Number: 65-0039102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POOLE, ALGIE B., JR.  
8700 NORTHWEST 38TH STREET  
APT. #362  
SUNRISE, FL 33351 US

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

POOLE, ALGIE B., JR.  
8410 NW 59TH PLACE  
TAMARAC, FL 33321 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/19/2009

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POOLE, ALGIE B., JR.  
Address: PO BOX 190526  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: SD ( ) Delete  
Name: RILES, SHELDON V.  
Address: 210 NORTHWEST 28TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD ( ) Delete  
Name: RILES, MELANIE A.  
Address: 210 NORTHWEST 28TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33311

**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:

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: MELANIE RILES

Electronic Signature of Signing Officer or Director

TD

04/19/2009

Date