

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28078

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: ASSEMBLY OF JESUS CHRIST INC.

**Current Principal Place of Business:**

1212 N. 25TH ST.  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

307 S. 14TH ST.  
FT. PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 65-0047539      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SANDERS, VERNETTA  
307 S. 14TH STREET  
FORT PIERCE, FL 34950      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: V      ( ) Delete  
Name: SANDERS, VERNETTA  
Address: 307 S. 14TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: D      ( ) Delete  
Name: ROBINSON, OSSIE  
Address: 1219 AVE. L  
City-St-Zip: FORT PIERCE, FL 34950

Title: T      ( ) Delete  
Name: JACOBS, PEGGY  
Address: 1216 S 12TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: D      ( ) Delete  
Name: MILLER, MTICHELL  
Address: 4516 SW. ALSACE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P      ( ) Delete  
Name: SANDERS, LORENZIA  
Address: 307 S. 14TH STREET  
City-St-Zip: FT. PIERCE, FL 34950

Title: S      ( ) Delete  
Name: HART, MARY  
Address: 1703 N. 43RD STREET  
City-St-Zip: FORT PIERCE, FL 34947

**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:

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: LORENZIA SANDERS

P

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date