

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44335

FILED
Mar 10, 2009
Secretary of State

Entity Name: HOSPITAL JESUS IS THE ROCK AND DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

14829 N.W. 7TH AVENUE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

14829 N.W. 7TH AVENUE
MIAMI, FL 33150

New Mailing Address:

FEI Number: 65-0291910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRERE-PETIT, DENISE
15781 NE 14 CT
NORTH MIAMI BEACH, FL 33162 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: DT () Delete
Name: HOMY, MYRLENE
Address: 445 N.E. 113 STREET
City-St-Zip: MIAMI, FL 33161

Title: DPS () Delete
Name: CHERENFANT, MIMOSE
Address: 4103 N.W. 78TH WAY
City-St-Zip: CORAL SPRINGS, FL

Title: DV () Delete
Name: CHERENZANT, ARNOLD
Address: 4103 N.W. 78TH WAY
City-St-Zip: CORAL SPRINGS, FL

Title: ST () Delete
Name: HOMY, MYRLENE
Address: 445 NE 113TH STREET
City-St-Zip: MIAMI, FL 33161

Title: DV () Delete
Name: LUSCAR, SUZANNE
Address: 5160 S.W. 40TH AVE. # 28D
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: DV () Delete
Name: MAURICE, DANNY
Address: 5081 SW 134 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: MIMOSE, CHERENFANT
Address: 4103 NW 78 WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DPS (X) Change () Addition
Name: MYRLENE, HOMY
Address: 445 NE 113 STREET
City-St-Zip: MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: DANNY, MAURICE
Address: 5081 134 NW 134 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: MIMOSE, CHERENFANT
Address: 4103 NW 78 WAY
City-St-Zip: CORAL SPRINGS, FL 33065

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: MIMOSE CHERENFANT

DT

03/10/2009

Electronic Signature of Signing Officer or Director

Date