

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50338

FILED
Jan 09, 2009
Secretary of State

Entity Name: CHRISTIAN EXTENSION MINISTRIES, INC

Current Principal Place of Business:

5400 ATLANTIC BLVD
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DR
220
CORAL SPRINGS, FL 33071

New Mailing Address:

5400 ATLANTIC BLVD
MARGATE, FL 33063 US

FEI Number: 65-0347808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINO, OSVALDO O
1750 UNIVERSITY DR
220
CORAL SPRINGS, FL 33071 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: P () Delete
Name: MARINO, OSVALDO OSCA, R
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S () Delete
Name: LARES, GUILLERMO
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: RUIZ, MONICA S
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D () Delete
Name: MARINO, CRISTIAN J
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071

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:

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: OSVALDO O. MARINO

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date