2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008
Secretary of State

DOCUMENT# N51074

Entity Name: EVANGELISTIC JEWISH CENTER, INC.

Current Principal Place of Business:

6557 LEONA ST
JACKSONVILLE, FL 32219 US

New Principal Place of Business:

Current Mailing Address:

6557 LEONA ST
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 59-3147493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCIO, ROSA MARY
6542 LEONA ST
JACKSONVILLE, FL 32219 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: PD ( ) Delete
Name: LUCIO, ROSA MARY
Address: 6542 LEONA ST
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: DST ( ) Delete
Name: BOYKINS, MICHELE V
Address: 2958 ANTHER CT
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: DT ( ) Delete
Name: SMITH, LORRAINE
Address: 1728 JOHNSON ST
City-St-Zip: BRUNSWICK, GA 32515 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: MOHMMED, HELEN
Address: 1480 WASHINGTON STREET
City-St-Zip: BRONX, NY 10456

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: ROSA MARY LUCIO PD 08/28/2008

Electronic Signature of Signing Officer or Director — Date