

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51074

FILED  
Jun 01, 2009  
Secretary of State

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: D (X) Delete  
Name: MOHMED, HELEN  
Address: 1480 WASHINGTON STREET  
City-St-Zip: BRONX, NY 10456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ROSA MARY LUCIO

PD

06/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date