2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N95000001142

Entity Name: EVANGELICAL CHURCH OF JESUS CHRIST MINISTRIES, INC.

Current Principal Place of Business:

2150 N.W. 31ST AVE
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

2150 N.W. 31ST AVE
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 65-0623457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETIENNE, CHARITE REV.
6290 N.W. 31 WAY
FORT LAUDERDALE, FL 33309 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: ETIENNE, CHARITE
Address: 6290 NW 31 WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SD ( ) Delete
Name: SILIEN, ILIOBERT JAC, QUES
Address: 1208 NE 15 AVENUE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: TD ( ) Delete
Name: DAVILMAR, FRANCISQUE
Address: 334 SE 65TH AVE.
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete
Name: DESLIEN, NICOLAS
Address: 2391 N.W. 72ND AVE
City-St-Zip: SUNRISE, FL 33313 US

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: CHARITE ETIENNE P 02/02/2009

Electronic Signature of Signing Officer or Director — Date