

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001925

FILED
May 05, 2009
Secretary of State

Entity Name: YAHWEH RESCUE MISSION, INC.

Current Principal Place of Business:

6812- 50TH AVE. NO.
ST PETERSBURG, FL 33709

New Principal Place of Business:

6785 46TH AVENUE NORTH
SUITE D
ST PETERSBURG, FL 33709

Current Mailing Address:

6812- 50TH AVE. NO.
ST PETERSBURG, FL 33709

New Mailing Address:

6812 50TH AVE. NO.
ST PETERSBURG, FL 33709

FEI Number: 59-3364240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HERNANDEZ, JOSE COTTO
6812 50TH AVE. NORTH
ST PETERSBURG, FL 33709 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: DP () Delete
Name: HERNANDEZ, JOSE C
Address: 6812 50TH AVE. NORTH
City-St-Zip: ST PETERSBURG, FL 33709

Title: DV () Delete
Name: COTTO, VIRGINIA
Address: 6812 50TH AVE. NORTH
City-St-Zip: ST PETERSBURG, FL 33709

Title: T () Delete
Name: ALVARADO, YOLANDA
Address: 3913 AMERICAN DR
City-St-Zip: TAMPA, FL 33634

Title: S () Delete
Name: COTTO, JOSE D
Address: 6812 50TH AVE. NORTH
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: CARRION, YOLANDA
Address: 1900 MURDOCK BLVD
City-St-Zip: ORLANDO, FL 32825

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: JOSE C HERNANDEZ

DP

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date