

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90038 046 ****61.25

DOCUMENT # N96000002037					
1. Entity Name DISCIPLES OF JESUS CHRIST IS THE LORD AND SAVIOR, INC.					
Principal Place of Business 2801 PINE ISLAND RD. NORTH, STE. 301 SUNRISE, FL 33322 US			Mailing Address 2801 PINE ISLAND RD. NORTH, STE. 301 SUNRISE, FL 33322 US		
2. Principal Place of Business - No P.O. Box # 6470 SW 8th ST		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State N. LAUDERDALE FL		City & State		4. FEI Number 65-0658001	
Zip 33068		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NINA, JOSE F REV. 2801 PINE ISLAND RD. NORTH, STE. 301 SUNRISE, FL 33322			7. Name and Address of New Registered Agent Name: RODRIGUEZ REV. ALBERTO J. Street Address (P.O. Box Number is Not Acceptable): NORTH LAUDERDALE 6470 SW 8th STREET City: N. LAUDERDALE FL Zip Code: 33068		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: 4-8-2008	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT NINA, JOSE F 2801 PINE ISLAND RD. NORTH, STE. 301 SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINA JOSE F 910 3rd CHARLES PL 421 HOLLYWOOD FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NINA, CARLOS G 900 SAINT CHARLES PL SUITE 421 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RODRIGUEZ, ALBERTO J. 6470 SW 8th STREET N. LAUDERDALE FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALARIO-NINA, MERCEDES A 2801 PINE ISLAND RD. NORTH, STE. 301 SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, MARIA 6470 SW 8th STREET N. LAUDERDALE FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEON, ESTEBAN D 2801 N PINE ISLAND RD 301 SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINICIS, MARTHA E 2720 PINE ISLAND RD. N. #203 SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, BETTY Y 840 N 70TH AVENUE HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4-08-2008 8:44 366 4647 <small>Date Daytime Phone #</small>		