2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005718

FELIZ, YANIRA

212 MAGNOLIA PARK TRAIL

() Delete

SANFORD, FL 32773

CASTILLO, ROSENDO

APOPKA, FL 32712

304 BREEZEWAY DRIVE

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Feb 06, 2009 Secretary of State

Entity Name: THE CROSSING OF THE JORDAN PENTECOSTAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 32 WEST 4TH STREET APOPKA, FL 32703 **Current Mailing Address: New Mailing Address:** 302 BLUFF LANE 32 WEST 4TH STREET APOPKA, FL 32712 APOPKA, FL 32703 FEI Number: 59-3409229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALDEZ, JUAN P VALDEZ, JUAN P 302 BLUFF LN 227 RAMBLING CIRCLE APOPKA, FL 32712 US APOPKA, FL 32712 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: 02/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition VALDEZ, MIREYA VALDEZ, MIREYA Name: Name: 302 BLUFF LN Address: 227 RAMBLING CIRCLE Address: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: Title: () Delete () Change () Addition BAEZ, MARIA G Name: Name: Address: 307 BREEZEWAY DRIVE Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: (X) Change () Addition CORTES, SERGIO Name: RUIZ, ONOFRA Name: 217 N. MAINE AVENUE 304 BREEZEWAY DRIVE Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: (X) Change () Addition Name: RIVERA, ROBERTO Name: RIVERA, ROBERTO 9336 BENITO JUAREZ CIRCLR 9336 BENITO JUAREZ CIRCLE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712 Title: Title: () Delete () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: MARIA G. BAEZ TR 02/06/2009

() Change () Addition