

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000637

FILED
May 10, 2009
Secretary of State

Entity Name: EMANUEL APOSTOLIC CHURCH OF JESUS CHRIST MINISTRIES, INC.

Current Principal Place of Business:

8343 SW 44TH CT
DAVIE, FL 33328

New Principal Place of Business:

2690 UNIVERSITY DRIVE
SUNRISE, FL 33322

Current Mailing Address:

8343 SW 44TH CT
DAVIE, FL 33328

New Mailing Address:

2690 UNIVERSITY DRIVE
SUNRISE, FL 33322

FEI Number: 65-0925583 **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:

AARONS, DOROTHY
8343 SW 44TH CT
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

AARONS, DOROTHY
2690 UNIVERSITY DRIVE
SUNRISE, FL 33322 US

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: _____

05/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AARONS, DOROTHY
Address: 8343 SW 44TH CT
City-St-Zip: DAVIE, FL 33328

Title: DS () Delete
Name: COLLINS, DATILDA
Address: 1810 N.W. 119TH ST. - APT. 223
City-St-Zip: MIAMI, FL 33167

Title: DT () Delete
Name: CARROLL, DIAHANNE
Address: 8343 SW 44TH CT
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: AARONS, RICHARD
Address: 8343 SW 44TH CT
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: COLLINS, SYDNEY
Address: 1810 NW 119TH ST. - APT. 223
City-St-Zip: MIAMI, FL 33169

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:

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: DOROTHY AARONS

MRS

05/10/2009

Electronic Signature of Signing Officer or Director

Date