## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001348

Entity Name: MISSIONARY OF CHRIST, INC.

FILED May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 711 SW 12 COURT DEERFIELD BEACH, FL 33441 **Current Mailing Address: New Mailing Address:** 711 SW 12TH COURT DEERFIELD BEACH, FL 33441 FEI Number: 65-0841533 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: Name and Address of New Registered Agent: DOSTALY, WILNER 545 NW 48 AVENUE DEERFIELD BEACH, FL 33442 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DOSTALY, WILNER Name: Name: Address: 545 NW 48TH AVE Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition DIRET, LUCIENNE Name: Name: Address: 1454 SW DEERFIELD BCH Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition SAINTCOLS, ROCK Name: Name: 711 SW 12 CT Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CALXITE, FRTÍZ Name: Name: 6320 SW 9TH PLACE Address: Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition CALXITE, ADELINE Name: Name: 6320 SW 9TH PLACE Address: Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition JEAN, JEAN S Name: Name: Address: 1300 SW10TH AVE Address:

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.

City-St-Zip:

SIGNATURE: LUCIENNE DURET MRS. 05/01/2009

DEERFIELD BEACH, FL 33442

City-St-Zip: