## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004208

City-St-Zip:

Entity Name: JACKSONVILLE MARTHONA CHURCH INC

FILED Feb 24, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
8654 GRIF	VILLE MARTI FIS ROAD VILLE, FL 32	HOMA CHURCH 234			
Current Mailing Address:			New Mailing Address:		
	IY JOHNS ITANA LAKES VILLE, FL 32				
FEI Number: 59-3537774 FEI Number Applied For ( )			FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	SE, ALEX ROW LEAF LI VILLE, FL 32				
The above in the State	named entity of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Ac			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( VARGHESE, F 4230 SW 82NI DAVIE, FL 33	O WAY	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition JOSE, ABRAHAM REV 4230 SW 82ND WAY DAVIE, FL 33328	
Title: Name: Address: City-St-Zip:	VD () Delete VETTEERATH, MATHEW S 817 NW 106 STREET GAINESVILLE, FL 32606		Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition ALEX, KURIKES 9992 WATERMARK LANE W JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	TD ( CHERIAN, GEO 12177 DEEDE JACKSONVILL	R LANE	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition JOHNY, JOHNS 10521 LANTANA LAKES DR N JACKSONVILLE, FL 32246	
Title: Name: Address: City-St-Zip:	SD ( JOHNS, JOHN 10521 LANTAN JACKSONVILL	IA LAKE DR-N	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition ALEX, VARGHESE 12683 ARROW LEAF DR JACKSONVILLE, FL 32225	
Title: Name:	(	) Delete	Title: Name:	AD ( ) Change (X) Addition VARGHESE, PHILIPOSE	

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:

JACKSONVILLE, FL 32258

SIGNATURE: JOHNY JOHNS TD 02/24/2008