

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004208

FILED
Mar 15, 2009
Secretary of State

Entity Name: JACKSONVILLE MARTHONA CHURCH INC.

Current Principal Place of Business:

JACKSONVILLE MARTHOMA CHURCH
8654 GRIFFIS ROAD
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

C/O JOHNY JOHNS
10521 LANTANA LAKES DR N
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-3537774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGHESE, ALEX
12683 ARROW LEAF LN
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

VARGHESE, ALEX
12683 ARROW LEAF DR
JACKSONVILLE, FL 32225 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:

03/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOSE, ABRAHAM REV
Address: 4230 SW 82ND WAY
City-St-Zip: DAVIE, FL 33328

Title: VD () Delete
Name: ALEX, KURIKES
Address: 9992 WATERMARK LANE W
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD () Delete
Name: JOHNY, JOHNS
Address: 10521 LANTANA LAKES DR N
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: ALEX, VARGHESE
Address: 12683 ARROW LEAF DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: AD () Delete
Name: VARGHESE, PHILIPPOSE
Address: 14893 BULOW CREEK DR
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MATHEW, VETTEERATH S
Address: 817 N W 106TH ST
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AD (X) Change () Addition
Name: PHILIPPOSE, PHILIP C
Address: 766 PLEASURE BAY DR
City-St-Zip: JACKSONVILLE, FL 32225

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: JOHNY JOHNS

TD

03/15/2009

Electronic Signature of Signing Officer or Director

Date