

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000215

FILED
Apr 27, 2009
Secretary of State

Entity Name: ST. JOHN'S CHRISTIAN COALITION MINISTRIES, INC.

Current Principal Place of Business:

1015 GRANT AVENUE
MOUNT DORA, FL 32752

New Principal Place of Business:

Current Mailing Address:

1571 GARDA AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3554992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, LEWIS
1571 GARDA AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Title: CEO () Delete
Name: KNIGHT, LEWIS
Address: 1571 GARDA AVE
City-St-Zip: SANFORD, FL 32771

Title: ESEC () Delete
Name: LAWRENCE-KNIGHT, DEBRA
Address: 1571 GARDA AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: VALLOT, MICHAEL
Address: 1571 GARDA AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: HARRIS, JAMES
Address: 1571 GARDA AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: PEARL, MCKAHAN
Address: 1571 GARDA AVENUE
City-St-Zip: SANFORD AVENUE, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HUFF, SHERRIA
Address: 400 S. LOCUST AVENUE
City-St-Zip: SANFORD, FL 32771

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

Title: D (X) Change () Addition
Name: LAMARTT, LAWRENCE
Address: 2900 W. AIRPORT BLVD
City-St-Zip: SANFORD AVENUE, FL 32771

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: DEBRA LAWRENCE-KNIGHT

ESEC

04/27/2009

Electronic Signature of Signing Officer or Director

Date