

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N99000004939

Entity Name: CITY BLESSING MINISTRIES, INC.

**Current Principal Place of Business:**

% REV. FREDY LIWANG  
350 KAILA COURT  
OCOEE, FL 347612826

**New Principal Place of Business:**

**Current Mailing Address:**

% REV. FREDY LIWANG  
350 KAILA COURT  
OCOEE, FL 347612826

**New Mailing Address:**

FEI Number: 59-3615129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIWANG, FREDY REV.  
350 KAILA COURT  
OCOEE, FL 347612826 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: SD ( ) Delete  
Name: DJAJAPUTRA, JANTO REV.  
Address: 262 MEADOWS DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD ( ) Delete  
Name: DJAJA, EDDY  
Address: 1106 WHITE MOSS LANE  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: FREDY LIWANG

PD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date