

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004698

FILED
Apr 22, 2009
Secretary of State

Entity Name: ECUMENICAL MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2038 NW 5TH PLACE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

2038 NW 5TH PLACE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 01-0570166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINA, TATIANA A
16349 NW 57TH AVE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

WILSON, PATRICIA E
2038 NW 5TH PLACE
MIAMI, FL 33127 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: PATRICIA WILSON

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCINTYRE, VINCENT
Address: 553 NE 75TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: JOHNSON, THEDFORD JR
Address: 2351 W 4TH CT
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: GREYSON, MARCIA C
Address: 5136 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCINTYRE, VINCENT
Address: 2038 NW 5TH PLACE
City-St-Zip: MIAMI, FL 33127

Title: D (X) Change () Addition
Name: WILLIAMS, VARRON
Address: 2038 NW 5TH PLACE
City-St-Zip: MIAMI, FL 33127

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. VINCENT MCINTYRE

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date