## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000027463

Entity Name: JESUS CHRIST MY SAVIOR, INC.

FILED Jun 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

413 SUMMIT RIDGE PLACE 106 GRAHAM ROAD

FERN PARK, FL 32730 US APT. #211

LONGWOOD, FL 32779

**New Mailing Address: Current Mailing Address:** 

413 SUMMIT RIDGE PLACE 106 GRAHAM ROAD

APT. #211 FERN PARK, FL 32730 US LONGWOOD, FL 32779 US

FEI Number: 26-2201102 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PADIN, MICHAEL PADIN, MICHAEL 413 SÚMMIT RIDGE PLACE 106 GRAHAM ROAD US APT. #211

FERN PARK, FL 32730 LONGWOOD, FL 32779 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: MICHAEL PADIN 06/10/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

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

Title: ( ) Delete Title: (X) Change ( ) Addition

PADIN, MICHAEL PADIN, MICHAEL Name: Name: 413 SUMMIT RIDGE PLACE APT. #211 Address: 106 GRAHAM ROAD Address: City-St-Zip: LONGWOOD, FL 32779 US City-St-Zip: FERN PARK, FL 32730 US

( ) Delete Title: VΡ Title: () Change () Addition

PADIN, WANDA I Name: Name: 2909 BERMUDA AVENUE SOUTH Address: Address: APOPKA, FL 32703 US City-St-Zip: 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.

Ρ SIGNATURE: MICHAEL PADIN 06/10/2009