

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 08, 2011
Secretary of State

Entity Name: ST. JOHN COMMUNITY SERVICES CORP.

Current Principal Place of Business:

989 E MAIN ST
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

989 E MAIN ST
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 27-1469443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MONCADA, JULIO C SR.
989 E MAIN ST
PAHOKEE, FL 33476 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: P
Name: MONCADA, JULIO C SR.
Address: 989 E MAIN ST
City-St-Zip: PAHOKEE, FL 33476

Title: VP
Name: MONCADA, ANA P MRS
Address: 989 E MAIN ST
City-St-Zip: PAHOKEE, FL 33476

Title: VP
Name: MONCADA, NELLYS P MSS
Address: 989 E MAIN ST
City-St-Zip: PAHOKEE, FL 33476

Title: VP
Name: MONCADA, BRAXIS I MSS
Address: 989 E MAIN ST
City-St-Zip: PAHOKEE, FL 33476

Title: VP
Name: MONCADA, MARIA L MSS
Address: 989 E MAIN ST
City-St-Zip: PAHOKEE, FL 33476

Title: VP
Name: MONCADA, JULIO C JR.
Address: 989 E MAIN ST
City-St-Zip: PAHOKEE, FL 33476

I hereby 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 all other like empowered.

SIGNATURE: JULIO C MONCADA

PRES

01/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date