

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022226

FILED
Mar 18, 2009
Secretary of State

Entity Name: JOHN J. CHRISTIE & ASSOCIATES OF FLORIDA, INC.

Current Principal Place of Business:

1079 W MORSE BLVD
STE C
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1079 W MORSE BLVD
STE C
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3357140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROSTROM, DARREL J
1079 W MORSE BLVD STE C
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHRISTIE, JOHN J
Address: 6700 OREGON AVE NW
City-St-Zip: WASHINGTON, DC 20015

Title: D () Delete
Name: BROSTROM, DARREL J
Address: 1301 SUZANNE WAY
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: MITCHELL, REGINALD
Address: 38 HOLLYBERRY CT
City-St-Zip: ROCKVILLE, MD 20852

Title: D () Delete
Name: WORRELL, QUINTON
Address: 4 TORRANCE CT
City-St-Zip: KENSINGTON, MD 20895

Title: D () Delete
Name: CHRISTIE, JUDITH
Address: 6700 OREGON AVE NW
City-St-Zip: WASHINGTON, DC 20015

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: MITCHELL, REGINALD
Address: 11907 KINGS BRIDGE WAY
City-St-Zip: N. BETHESDA, MD 20852

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

SIGNATURE: DARREL BROSTROM

_____ Electronic Signature of Signing Officer or Director

MR.

03/18/2009

_____ Date