

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702005

FILED
Mar 20, 2009
Secretary of State

Entity Name: CHILDREN'S MINISTRY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1856 NORTHEAST 163RD STREET
C/O WEBB D CHENAULT
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1856 NORTHEAST 163RD STREET
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-1050993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHENAULT, WEBB D.
665 N.W. 150 ST.
MIAMI, FL 33168 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: VPD () Delete
Name: HALL, MARK A
Address: 5222 SW 115 TERRACE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: HALL, DEBORA L
Address: 5222 SW 115 TERRACE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: MAY, RUTH,
Address: 4126 NW 3 AVE
City-St-Zip: MIAMI, FL 33127

Title: P () Delete
Name: MAY, CLYDE,
Address: 4126 NW 3 AVE
City-St-Zip: MIAMI, FL 33127

Title: SD () Delete
Name: CHENAULT, CASSIE L.,
Address: 665 NW 150TH ST
City-St-Zip: MIAMI, FL 33168

Title: TD () Delete
Name: NEMIC, MARILYN G
Address: 8260 NW 170 TERR
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WEBB D. CHENAULT

EXEC

03/20/2009

Electronic Signature of Signing Officer or Director

Date