by certify that the information indicated on this report or supplemental report is true and accura that I am an officer or director of the corporation or the receiver or trustee empowered to execu		
e, or on an attachment with all other like empowered.		
NATURE: CYNTHIA PENDER-ROBERTS	DIRECTOR	04/16/

upplemental report is true and accurate and that my electronic signature shall have the same de under I hereby oath; th appears above.

SIGNATURE: CYNTHIA PENDER-ROBERTS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	D	Title	D
Name	PENDER-ROBERTS, CYNTHIA	Name	ROBERTS, MICHAEL J.
Address	4662 OLIVA STREET	Address	4662 OLIVA STREET
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	D		
Name	COOPER, KAROLYN F.		
Address	PO BOX 585906		
City-State-Zip:	ORLANDO FL 32858		
• •			

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500000991

Entity Name: CYNTHIA P. ROBERTS MINISTRIES, INCORPORATED

Current Principal Place of Business:

639 N. PINE HILLS 109 ORLANDO, FL 32808

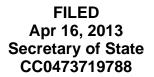
Current Mailing Address:

P.O. BOX 581113 ORLANDO, FL 32858

FEI Number: 34-2032022

Name and Address of Current Registered Agent:

ROBERTS, MICHAEL J. 4662 OLIVA STREET ORLANDO, FL 32811 US



Date

Date

04/16/2013