2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 758773

Entity Name: CHARLES RALEY MINISTRIES, INC.

Current Principal Place of Business:

3312TALISMAN DRIVE
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

3312TALISMAN DRIVE
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-2212953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RALEY, DOROTHY M
3312 TALISMAN DR.
MIDDLEBURG, FL 32068 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:	PCST	( ) Delete
Name:	RALEY, DOROTHY M,	
Address:	3312 TALISMAN DRIVE	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	VD	( ) Delete
Name:	RALEY, JOHN H.,	
Address:	4439 ELSIE LANE	
City-St-Zip:	MILTON, FL 32583	
Title:	D	( ) Delete
Name:	RALEY, CHARLES W,	
Address:	3312 TALISMAN DRIVE	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	MD	( ) Delete
Name:	RALEY, MASON D	
Address:	3312 TALLSMAN DRIVE	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	D	( ) Delete
Name:	RUSSELL, KLEYN	
Address:	141 ELLICOTT DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	VD	( ) Delete
Name:	RALEY, DAVID C	
Address:	9308 JAVA ROAD	
City-St-Zip:	WEBSTER, FL 33597	

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: DOROTHY M RALEY PCST 03/10/2009

Electronic Signature of Signing Officer or Director — Date