

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003581

FILED
Apr 07, 2009
Secretary of State

Entity Name: CHRISTIAN SURFERS UNITED STATES, INC.

Current Principal Place of Business:

420 SEGOVIA ROAD
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

PO BOX 9
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 77-0136158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUCIANO, CASEY
724 NORTH LONGNEEDLE DR
SAINT AUGUSTINE, FL 32092 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: D () Delete
Name: BARRETT, MIKE
Address: 1440 SW DUNE AVE
City-St-Zip: LINCOLN CITY, OR 97367

Title: P () Delete
Name: PLUMLEE, DEAN
Address: 420 SEGOVIA ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: OCHSNER, MICHAEL
Address: 130 WATERWAY LANE
City-St-Zip: VERO BEACH, FL 32963

Title: C () Delete
Name: BUCKLEY, CHRISTIAN
Address: 11595-2 COMPASS POINT DR NORTH
City-St-Zip: SAN DIEGO, CA 92126

Title: D () Delete
Name: DOW, JERRY
Address: 59 BROCKBANK PLACE
City-St-Zip: SIERRA VISTA, AZ 856351817

Title: D () Delete
Name: WRIGHT, ED
Address: 307 LEANN LANE
City-St-Zip: LENCADIA, CA 92024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JAMES, MORIARTY
Address: 677 SAN MARINO DRIVE
City-St-Zip: SOLANA BEACH, CA 92075

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

Title: D (X) Change () Addition
Name: LYLE, CASTELLAW
Address: 21891 BACALAR
City-St-Zip: MISSION VIEJO, CA 92691

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

Title: D (X) Change () Addition
Name: MICHAEL, MATEY
Address: 2005 VIA TEMPO
City-St-Zip: CARDIFF, CA 92007

Title: D (X) Change () Addition
Name: GREGORY, HAWKINS
Address: 304 W PASEO DE CRISTOBAL
City-St-Zip: SAN CLEMENTE, CA 92672

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: DEAN PLUMLEE

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date