2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F08000002812

Entity Name: NORTHWEST CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

5324 FOXWOOD DRIVE
SARASOTA, FL 34232

New Principal Place of Business:

5930 PALMER BLVD
SARASOTA, FL 34232

Current Mailing Address:

PO BOX 51687
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 56-2402148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMUIN, DAVID M
5324 FOXWOOD DRIVE
SARASOTA, FL 34232 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:	CPT	( ) Delete
Name:	SMUIN, DAVID M	
Address:	PO BOX 51687	
City-St-Zip:	SARASOTA, FL 34232	
Title:	VCVP	( ) Delete
Name:	SPOTTS, JEFF	
Address:	5472 MT HWY 13	
City-St-Zip:	WOLF POINT, MT 59201	
Title:	D	( ) Delete
Name:	MILLER, GARY	
Address:	2206 N 12TH STREET	
City-St-Zip:	LOEUR D' ALENE, ID 83814	
Title:	DS	( ) Delete
Name:	SMUIN, ANGELA	
Address:	PO BOX 51687	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	SPOTTS, LINDA	
Address:	5472 MT HWY 13	
City-St-Zip:	WOLF POINT, MT 59201	

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:	

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: REV. DAVID M. SMUIN CPT 04/16/2009

Electronic Signature of Signing Officer or Director — Date