

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005072

**FILED**  
**Apr 14, 2004**  
**Secretary of State****Entity Name:** CHRISTIAN RESTORATION MINISTRIES, INC.**Current Principal Place of Business:**9800 TOUCHTON RD  
1114  
JACKSONVILLE, FL 32246**New Principal Place of Business:**9800 TOUCHTON RD  
234  
JACKSONVILLE, FL 32246**Current Mailing Address:**9800 TOUCHTON RD  
1114  
JACKSONVILLE, FL 32246**New Mailing Address:**9800 TOUCHTON RD  
234  
JACKSONVILLE, FL 32246**FEI Number:** 59-3662028**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MATHIS, ABBIE  
3777 FREEMAN RD  
JACKSONVILLE, FL 32207**Name and Address of New Registered Agent:**MATHIS, ABBIE  
9800 TOUCHTON ROAD  
234  
JACKSONVILLE, FL 32246

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:** ABBIE MATHIS

04/14/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** MATHIS, ABBIE  
**Address:** 3777 FREEMAN RD  
**City-St-Zip:** JACKSONVILLE, FL 32207**Title:** D ( ) Delete  
**Name:** BROWN, SANDRA  
**Address:** 2344 BURGOYNE DR  
**City-St-Zip:** JACKSONVILLE, FL 32208**Title:** D ( ) Delete  
**Name:** EDWARDS, SWINDELL MDIVMPA  
**Address:** 3929 ST AUGUSTINE RD  
**City-St-Zip:** JACKSONVILLE, FL 32207**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** MATHIS, ABBIE  
**Address:** 9800 TOUCHTON RD APT 234  
**City-St-Zip:** JACKSONVILLE, FL 32207**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 for the exemption stated in Section 119.07(3)(i), 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:** ABBIE MATHIS

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date