2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005072

FILED Jan 11, 2005 Secretary of State

Entity Name: CHRISTIAN RESTORATION MINISTRIES, INC.

Current Principal Place of Business:				New Principal Place of Business:		
9800 TOUC	CHTON RD					
234 JACKSON\	VILLE, FL 322	246				
Current Mailing Address:				New Mailing Address:		
9800 TOUCHTON RD 234 JACKSONVILLE, FL 32246						
FEI Number:	59-3662028	FEI Number Applied For ()	FEI Nun	nber Not Appli	olicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na				Name and	d Address of New Registered Agent:	
234 JACKSON\	CHTON ROAL VILLE, FL 322 named entity	246 US	urpose o	f changing it	its registered office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MATHIS, ABBII 9800 TOUCHT JACKSONVILL D (BROWN, SANI 2344 BURGOY JACKSONVILL D (EDWARDS, SN 3929 ST AUGU JACKSONVILL (ON RD APT 234 E, FL 32207) Delete DRA (NE DR E, FL 32208) Delete WINDELL MDIVMPA JISTINE RD		Title: Name: Address: City-St-Zip:	D (X) Change () Addition MATHIS, ABBIE 9800 TOUCHTON RD APT 234 JACKSONVILLE, FL 32207 US O/D (X) Change () Addition BROWN, SANDRA 2344 BURGOYNE DR JACKSONVILLE, FL 32208 US D (X) Change () Addition GALLOWAY, BETTY 682 PINE HARBOR RD. PELL CITY, AL 35128 US D () Change (X) Addition MANNING, RONALD REV 2171 WEATHERLY AVE. WEST MELBOURNE, FL 32904 US D () Change (X) Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	·) Delete		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WAIT III, PETE REV. 962 OCEAN BLVD ATLANTIC BEACH, FL 32233-543 US D () Change (X) Addition BRYANT, JOSEPHINE 541 BLUEBERRY WOOD CIRCLE N. JACKSONVILLE, FL 32233 US	

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: FLORENCE MATHIS O/D 01/11/2005