


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 031 ****61.25

DOCUMENT # N00000005072					
1. Entity Name CHRISTIAN RESTORATION MINISTRIES, INC.					
Principal Place of Business 9800 TOUCHTON RD 234 JACKSONVILLE, FL 32246			Mailing Address 9800 TOUCHTON RD 234 JACKSONVILLE, FL 32246		
2. Principal Place of Business - No P.O. Box # 4541 Blueberry Woods Cir N		3. Mailing Address 4541 Blueberry Woods Cir N			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JAX, FL		City & State JAX, FL			
Zip 32258		Country DJVAL		Zip 32258	
Country DJVAL		4. FEI Number 59-3662028			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MATHIS, ABBIE 9800 TOUCHTON ROAD 234 JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Abbie Mathis</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>7-17-07</u>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D MATHIS, ABBIE 9800 TOUCHTON RD APT 234 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pete, wait til PhD 962 OCEAN BLVD Atlantic Beach, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUGHERTY, NEONA 7398 PURCEVILLE CT JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOWAY, BETTY 682 PINE HARBOR RD. PELL CITY, AL 35128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, RONALD REV 2171 WEATHERLY AVE. WEST MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMMELL, LEE ANN 1206 RIVER ROAD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D BRYANT, JOSEPHINE 541 BLUEBERRY WOOD CIRCLE N. JACKSONVILLE, FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Abbie Mathis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7/17/07</u> Daytime Phone # <u>904-333-5491</u>	