

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005072

FILED  
Sep 09, 2008  
Secretary of State

**Entity Name:** CHRISTIAN RESTORATION MINISTRIES, INC.

**Current Principal Place of Business:**

4541 BLUEBERRY WOODS CIR N  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

4541 BLUEBERRY WOODS CIR N  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 59-3662028      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MATHIS, ABBIE  
9800 TOUCHTON ROAD  
234  
JACKSONVILLE, FL 32246 US

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: O/D ( ) Delete  
Name: MATHIS, ABBIE  
Address: 9800 TOUCHTON RD APT 234  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete  
Name: DAUGHERTY, NEONA  
Address: 7398 PURCEVILLE CT  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: D ( ) Delete  
Name: GALLOWAY, BETTY  
Address: 682 PINE HARBOR RD.  
City-St-Zip: PELL CITY, AL 35128 US

Title: D ( ) Delete  
Name: MANNING, RONALD REV  
Address: 2171 WEATHERLY AVE.  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: D ( ) Delete  
Name: RUMMELL, LEE ANN  
Address: 1206 RIVER ROAD  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: O/D ( ) Delete  
Name: BRYANT, JOSEPHINE  
Address: 541 BLUEBERRY WOOD CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32233 US

**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:

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: FLORENCE MATHIS

O/D

09/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date