

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005182

FILED
Jan 16, 2009
Secretary of State

Entity Name: CHERITH CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

4032 SPRUCEWOOD PLACE
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

4032 SPRUCEWOOD PLACE
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 65-1127446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, ANTHONY E
4032 SPRUCEWOOD PLACE
LAND O'LAKES, FL 34639 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: D () Delete
Name: NASH, ANTHONY E
Address: 4032 SPRUCEWOOD PLACE
City-St-Zip: LAND O'LAKES, FL 34639

Title: D () Delete
Name: NASH, JANET SUSAN
Address: 4032 SPRUCEWOOD PLACE
City-St-Zip: LAND O'LAKES, FL 34639

Title: D () Delete
Name: OGBURN, DAVID
Address: 16319 SAMBOURNE LN.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: STRAYER, GREGORY
Address: 703 WILLOW BROOK COURT
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: STRAYER, DEBRA
Address: 703 WILLOW BROOK COURT
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: BARTON, JAMES
Address: 62 PANAMA BEAR LAKE ROAD
City-St-Zip: PANAMA, NY 14767

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: ANTHONY E. NASH

DR.

01/16/2009

Electronic Signature of Signing Officer or Director

Date