2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005900

Name:

Address:

City-St-Zip:

FILED Jan 09, 2009 Secretary of State

Entity Name: CHRONICLES MINISTRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1499 W PALMETTO PARK RD, UNIT 187 BOCA RATON, FL 33486 **Current Mailing Address: New Mailing Address:** 1121 SOUTH MILITARY TRAIL, 111 DEERFIELD BEACH, FL 334427604 FEI Number: 72-1533178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LALIBERTE, GERARD 1499 W PALMETTO PARK RD 187 BOCA RATON, FL 33486 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PSD () Delete () Change () Addition LALIBERTE, GERARD Name: Name: 1499 W PALMETTO PR RD. U 187 Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SORTINO, VINCENT J Name: Address: 4450 N.W. 9TH COURT Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: () Change () Addition PENNACHIO, MARILYN Name: Name: 1244 NW 52 WAY Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

CALOIA, DOMENIC 8501 BEACONHILL ROAD

PALM BEACH GARDENS, FL 33410

SIGNATURE: GERARD LALIBERTE PSD 01/09/2009