

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009600

FILED
Mar 24, 2009
Secretary of State

Entity Name: CHRISTIAN FAITH MINISTRY, INC.

Current Principal Place of Business:

10069 N FLORIDA AVE
B-12
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

10069 N. FLORIDA AVE
B-12
TAMPA, FL 33612

New Mailing Address:

10069 N FLORIDA AVE
B-12
TAMPA, FL 33612

FEI Number: 43-1988943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUSTIN, VALENTIN
8712 BUSCH OAKS ST
TAMPA, FL 33617 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: P () Delete
Name: AUGUSTIN, VALENTIN
Address: 8712 BUSCH OAKS ST
City-St-Zip: TAMPA, FL 33617

Title: T () Delete
Name: ALEXIS, ALEXANDRA
Address: 1028 E. MARTIN LUTHER KING APT A
City-St-Zip: TAMPA, FL 33603

Title: T () Delete
Name: DIEUDONNE, SASSIFIE
Address: 2225 E 131 STREET AVE
City-St-Zip: TAMPA, FL 33612

Title: S () Delete
Name: JOSEPH, ELIPHETE
Address: 1216 N. 130TH ST. APT. #B
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ALEXIS, ALEXANDRA
Address: 302 WELLINGTON CT APT B
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOSEPH, ELIPHETE
Address: 1216 N. 130TH ST. APT. #B
City-St-Zip: TAMPA, FL 33612

Title: D () Change (X) Addition
Name: NERY, DORVILIEN
Address: 3216 E. EMMA STREET
City-St-Zip: TAMPA, FL 33610

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: VALENTIN AUGUSTIN

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date