

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004007

FILED
May 01, 2005
Secretary of State

Entity Name: CHRIST MINISTRIES OF RECONCILIATION INC.

Current Principal Place of Business:

3298 WOODBRIDGE LANE
ORLANDO, FL 32808

New Principal Place of Business:

225 W 17TH STREET
APOPKA, FL 32703

Current Mailing Address:

3298 WOODBRIDGE LANE
ORLANDO, FL 32808

New Mailing Address:

225 W 17TH STREET
APOPKA, FL 32703

FEI Number: 86-1105188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FAIL, ERIC
3298 WOODBRIDGE LANE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

FAIL, ERIC
225 W 17 STREET
APOPKA, FL 32703 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

05/01/2005

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAIL, ERIC
Address: 3298 WOODBRIDGE LANE
City-St-Zip: ORLANDO, FL 32808

Title: VD () Delete
Name: MOORE, SAMUEL
Address: 44557 JUDD ROAD
City-St-Zip: BELLEVILLE, MI 48111

Title: D () Delete
Name: JONES, LILLIE TRUSTEE
Address: 14201 BRAMELL ST.
City-St-Zip: DETROIT, MI 48223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAIL, ERIC
Address: 225 W 17TH STREET
City-St-Zip: APOPKA, FL 32703

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 for the exemption stated in Section 119.07(3)(i), 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: ERIC A. FAIL

Electronic Signature of Signing Officer or Director

PD

05/01/2005

Date