

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 16, 2007**  
**Secretary of State**

DOCUMENT# N03000006897

**Entity Name:** RECOVERY MINISTRIES OF THE EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**34730 STURGEON LOOP  
ZEPHYRHILLS, FL 33541**New Principal Place of Business:****Current Mailing Address:**38439 5TH AVE  
#2705  
ZEPHYRHILLS, FL 33542**New Mailing Address:****FEI Number:** 20-0145327**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BARRACO, WENDY  
9000 SHERIDAN STREET  
95  
PEMBROKE PINES, FL 33024 US**Name and Address of New Registered Agent:**ROBERTS, GAINOR E  
38439 5TH AVENUE  
#2705  
ZEPHYRHILLS, FL 33542 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: GAINOR E. ROBERTS

05/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** STROMBERGER, ELEANOR  
**Address:** 21 STONELEIGH WAY  
**City-St-Zip:** SAN ANTONIO, TX 78218**Title:** VP ( ) Delete  
**Name:** SHIELDS, JOHN  
**Address:** 520 SUMMIT STREET  
**City-St-Zip:** WINSTON-SALEM, NC 27101**Title:** TRES ( ) Delete  
**Name:** CAIN, DUKE  
**Address:** 2636 LAKE CIRCLE  
**City-St-Zip:** JACKSON, MS 39211**Title:** SEC ( ) Delete  
**Name:** TOBIN, FLORENCE  
**Address:** PO BOX 304  
**City-St-Zip:** CORNING, NY 14830**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** HIBBS, ROBERT RT.REV.  
**Address:** 1 TOWERS PARK LANE, #1807  
**City-St-Zip:** SAN ANTONIO, TX 78209**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: ELEANOR M. STROMBERGER

PRES

05/16/2007

Electronic Signature of Signing Officer or Director

Date