2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006897

FILED Apr 21, 2008 Secretary of State

Entity Name: RECOVERY MINISTRIES OF THE EPISCOPAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 34730 STURGEON LOOP ZEPHYRHILLS, FL 33541 **Current Mailing Address: New Mailing Address:** 38439 5TH AVE #2705 ZEPHYRHILLS, FL 33542 FEI Number: 20-0145327 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STROMBERGER, ELEANOR Name: Name: 21 STONELEIGH WAY Address: Address: SAN ANTONIO, TX 78218 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: HIBBS, ROBERT RT.REV. Name: Address: 1 TOWERS PARK LANE, #1807 Address: City-St-Zip: SAN ANTONIO, TX 78209 City-St-Zip: Title: TRES () Delete Title: () Change () Addition CAIN, DUKE Name: Name: 2636 LAKE CIRCLE Address: Address: City-St-Zip: JACKSON, MS 39211 City-St-Zip: Title: SEC () Delete Title: SEC (X) Change () Addition Name: TOBIN, FLORENCE Name: BEYER, JEANIE REV Address: PO BOX 304 Address: 2872 HANNON HILL DRIVE City-St-Zip: CORNING, NY 14830 City-St-Zip: TALLAHASSEE, FL 32309

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 STROMBERGER PRES 04/21/2008