

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006897

FILED  
Apr 15, 2009  
Secretary of State

**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:**

ROBERTS, GAINOR E  
38439 5TH AVENUE  
#2705  
ZEPHYRHILLS, FL 33542 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: STROMBERGER, ELEANOR  
Address: 21 STONELEIGH WAY  
City-St-Zip: SAN ANTONIO, TX 78218

Title: VP ( ) Delete  
Name: HIBBS, ROBERT RT.REV.  
Address: 1 TOWERS PARK LANE, #1807  
City-St-Zip: SAN ANTONIO, TX 78209

Title: TRES ( ) Delete  
Name: CAIN, DUKE  
Address: 2636 LAKE CIRCLE  
City-St-Zip: JACKSON, MS 39211

Title: SEC ( ) Delete  
Name: BEYER, JEANIE REV  
Address: 2872 HANNON HILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CAIN, DUKE  
Address: 2636 LAKE CIRCLE  
City-St-Zip: JACKSON, MS 39211

Title: VP (X) Change ( ) Addition  
Name: JOANNA, SEIBERT, MD REV  
Address: 27 RIVER RIDGE ROAD  
City-St-Zip: LITTLE ROCK, AR 72227

Title: TRES (X) Change ( ) Addition  
Name: CATHY, BRUNSON REV.  
Address: 124 HARROW DRIVE  
City-St-Zip: SOMERSET, NJ 08873

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: DUKE CAIN

PRES

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date