

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# N03000008249

Entity Name: CHRISTBRIDE MINISTRIES, INC.

Current Principal Place of Business:

3290 N.W. 47TH ST
#2
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3290 N.W. 47TH ST
#2
MIAMI, FL 33142

New Mailing Address:

P.O. BOX 531365
MIAMI SHORES, FL 33153

FEI Number: 52-2377795 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:

LECOUNTE, FLORENCE
3290 N.W. 47TH ST
#2
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

LECOUNTE, FLORENCE
P.O. BOX 531365
MIAMI SHORES, FL 33153 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: _____

05/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LECOUNTE, FLORENCE
Address: 3290 N.W. 47TH ST #2
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: LECOUNTE, CARLOS A
Address: 3290 N.W. 47TH ST #2
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: WHITE, JARVIS
Address: 3290 N.W. 47TH ST #2
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: CLAYTON, BLONDIE L
Address: 3290 N.W. 47TH ST #2
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: KING, SARA T
Address: 3290 N.W. 47TH ST #2
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: SMITH, TERRILYN
Address: 3290 N.W. 47TH ST #2
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LECOUNTE, FLORENCE
Address: P.O. BOX 531365
City-St-Zip: MIAMI SHORES, FL 33153

Title: VD (X) Change () Addition
Name: LECOUNTE, CARLOS A
Address: P.O. BOX 531365
City-St-Zip: MIAMI SHORES, FL 33153

Title: TD (X) Change () Addition
Name: WHITE, JARVIS
Address: P.O. BOX 531365
City-St-Zip: MIAMI SHORES, FL 33153

Title: D (X) Change () Addition
Name: CLAYTON, BLONDIE L
Address: P.O. BOX 531365
City-St-Zip: MIAMI SHORES, FL 33153

Title: D (X) Change () Addition
Name: KING, SARA T
Address: P.O. BOX 531365
City-St-Zip: MIAMI SHORES, FL 33153

Title: D (X) Change () Addition
Name: SMITH, TERRILYN
Address: P.O. BOX 531365
City-St-Zip: MIAMI SHORES, FL 33153

I hereby certify that the information supplied with this filing does not qualify for the 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: FLORENCE LECOUNTE

PD

05/03/2006

Electronic Signature of Signing Officer or Director

Date