

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2008
Secretary of State

DOCUMENT# N03000008249

Entity Name: CHRISTBRIDE MINISTRIES, INC.

Current Principal Place of Business:

14060 BISCAYNE BLVD
MIAMI, FL 33181

New Principal Place of Business:

14697 N.E. 18TH AVE #112
NORTH MIAMI, FL 33181

Current Mailing Address:

P.O. BOX 531365
MIAMI SHORES, FL 33153

New Mailing Address:

14697 N.E. 18TH AVE #112
NORTH MIAMI, FL 33181

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
14060 BISCAYNE BLVD
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

LECOUNTE, FLORENCE
14697 N.E. 18TH AVE #112
NORTH MIAMI, FL 33181 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: _____

05/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LECOUNTE, FLORENCE
Address: 14697 N.E. 18TH AVE #112
City-St-Zip: NORTH MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FLORENCE LECOUNTE

PD

05/31/2008

Electronic Signature of Signing Officer or Director

Date