

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 14, 2009  
Secretary of State

DOCUMENT# N03000008249

Entity Name: CHRISTBRIDE MINISTRIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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:**

**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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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:      ( ) 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:

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

05/14/2009

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

\_\_\_\_\_  
Date