

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008249

FILED
May 10, 2010
Secretary of State

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:

531 NE 171 STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

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

New Mailing Address:

531 NE 171 STREET
NORTH MIAMI BEACH, FL 33162

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

Name and Address of New Registered Agent:

LECOUNTE, FLORENCE
531 NE 171 STREET
NORTH MIAMI BEACH, FL 33162 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

05/10/2010

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LECOUNTE, FLORENCE
Address: 531 NE 171 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

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

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

Title: D
Name: THEARD, XAVIER G
Address: P.O. BOX 531365
City-St-Zip: MIAMI SHORES, FL 33153

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

I hereby 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 all other like empowered.

SIGNATURE: FLORENCE LECOUNTE

Electronic Signature of Signing Officer or Director

PD

05/10/2010

Date