

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008249

FILED
May 01, 2011
Secretary of State

Entity Name: CHRISTBRIDE MINISTRIES, INC.

Current Principal Place of Business:

531 NE 171 STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

531 NE 171 STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 52-2377795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: VD
Name: LECOUNTE, CARLOS A
Address: 531 NE 171 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: 531 NE 171 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

PD

05/01/2011

Electronic Signature of Signing Officer or Director

Date