## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002782

Name:

Address:

City-St-Zip:

DAVID, HARTZ L REV.

TALLAHASSEE, FL 32312 US

2304 COBB DR.

FILED Jan 19, 2007 Secretary of State

Entity Name: CHERITH MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2304 COBB DR TALLAHASSEE, FL 32312 US **Current Mailing Address: New Mailing Address:** 2304 COBB DR TALLAHASSEE, FL 32312 US FEI Number: 83-0388800 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTZ, DAVID L REV. 2304 CÓBB DR. TALLAHASSEE, FL 32312 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition JONES, PAT I MRS Name: Name: Address: 2239 10 OAKS DR Address: City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: Title: () Delete Title: () Change () Addition DAVID, FRITZ L MR. Name: Name: Address: 1506 HIECHEE NENE Address: City-St-Zip: TALLAHASSEE, FL 32301 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RENEA, BUATTI E MRS. Name: HARTZ, ALANA Name: Address: 2141 HARRITE DR. Address: 2304 COBB DRIVE City-St-Zip: TALLAHASSEE, FL 32303 US City-St-Zip: TALLAHASSEE, FL 32312 US Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID L. HARTZ P 01/19/2007