

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005379

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: CHERISHED MINISTRIES, INC.

## Current Principal Place of Business:

P.O. BOX 31974  
PALM BEACH GARDENS, FL 334201974

## New Principal Place of Business:

62 STONEY DRIVE  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

P.O. BOX 31974  
PALM BEACH GARDENS, FL 334201974

## New Mailing Address:

FEI Number: 20-1362228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, SARAH  
62 STONEY DRIVE  
PALM BEACH GARDENS, FL 33410      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: P ( ) Delete  
Name: ROBERTS, SARAH  
Address: 62 STONEY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: KASS, JOYCE  
Address: 62 STONEY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: NEUMAN, LORINA  
Address: C/O SARAH ROBERTS, 62 STONEY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: KASS, JOYCE  
Address: 60 STONEY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change ( ) Addition  
Name: NEUMAN, LORINA  
Address: 60 STONEY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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.

SIGNATURE: SARAH ROBERTS

P

03/29/2007

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

\_\_\_\_\_  
Date