

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001047

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** CHRIST IS CREATOR MINISTRIES INC.

**Current Principal Place of Business:**

1907 HWY A1A  
201  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 34117  
INDIALANTIC FL, FL 32903

**New Mailing Address:**

**FEI Number:** 20-2269543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROHLKE, RUDY P  
1907 HWY A1A  
201  
INDIAN HARBOUR BEACH, FL 32937 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: ROHLKE, RUDY P  
Address: 1907 HWY A1A UNIT 201  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: VP ( ) Delete  
Name: ROHLKE, RUDOLPH H  
Address: 5972 WINDOVER WAY  
City-St-Zip: TITUSVILLE, FL 32780 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RUDY ROHLKE

P

04/14/2009

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

\_\_\_\_\_  
Date