## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003937

**FILED** Feb 13, 2009 Secretary of State

Entity Name: EXTREME REVOLUTION YOUTH MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3468 HARNESS CIR LAKE WORTH, FL 33449

**Current Mailing Address: New Mailing Address:** 

3468 HARNESS CIR LAKE WORTH, FL 33449

FEI Number: 51-0539221 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:

EDWARDS, BRENT 3468 HARNESS CIR LAKE WORTH, FL 33449 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PST ( ) Delete (X) Change ( ) Addition EDWARDS, BRENT EDWARDS, CHRISTY Name: Name:

3468 HARNESS CIR Address: 3468 HARNESS CIR Address: City-St-Zip: LAKE WORTH, FL 33449 City-St-Zip: LAKE WORTH, FL 33449

Title: VD (X) Delete Title: () Change () Addition

EDWARDS, CHRISTY Name: Name: Address: 3468 HARNESS CIR Address: City-St-Zip: LAKE WORTH, FL 33449 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MCCONNELL, NATHAN Name: Name: Address: 1364 SW 4TH ST Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip:

Title: ΑD (X) Delete Title: () Change () Addition

HERRING, LELAND Name: Name: Address: 10641 SUMMERTIME LANE Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 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: CHRISTY EDWARDS PST 02/13/2009