2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State

DOCUMENT # N05000007013 1. Entity Name CHRISTIAN RURAL MINISTRY, INC.						03-	06-2006 9	90022 046	****61	.25		
%REDEEMING LIGHT CENTER CHURCH 9 109 WASHINGTON AVENUE 1			Mailing Address %REDEEMING LIGHT CENTER CHURCH 109 WASHINGTON AVENUE ORLANDO, FL 32810		40025	٠.						
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142006 Chg	I-NP	CR2E037 (11/05)				
City & State		City & State			4. FEI Number				plied For Applicable			
Zip		Country	Žip	Cou	untry	5. Certificate of State	us Desired		.75 Addi Required			
	6. Name	and Address of Current F	Registered Agent			7. Name and Addre	ss of New R	egistered Age	nt			
E	VEZION	1			Name SE	EMANDA,	KEZ	LON				
SAMANDA %REDEEN		T THE CENTER CHURC	Н			s (P.O. Box Number is No						
109 WASH			•			·						
ORLANDO), FL 3281	10			223	E HIGH S	STREE	- T				
					City O	0431V		FL	Zip Code	5		
	named entity ions of registe	submits this statement for ered agent.	the purpose of chang	ing its register	ed office or regist	ered agent, or both, in th	e State of Flo	orida. I am fam	iliar with, a	and accept		
SIGNATURE .	Signature board	or printed name of registered agent a	nd little d applicable	/NOTE: Panetara	ed Agent signature requi	and whos reinelelma)		DATE	-			
	Signature, typeo	or burited ustue of redustrien adeur a	no me a applicable	(IACAE: Degistere	so when advantage serior	IED MINELLENI/2(STAIA)			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
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12. Hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SEMANDA, KEZLON

SIGNATURE: Rev S.K. Contact Deprime Phone & De