

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

11 APR 28 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007013	
1. Entity Name CHRISTIAN RURAL MINISTRY, INC.	

Principal Place of Business %REDEEMING LIGHT CENTER CHURCH 109 WASHINGTON AVENUE ORLANDO, FL 32810	Mailing Address %REDEEMING LIGHT CENTER CHURCH 109 WASHINGTON AVENUE ORLANDO, FL 32810
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02142006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-3103428	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAMANDA, KEZLON SEMANDA %REDEEMING LIGHT CENTER CHURCH 109 WASHINGTON AVENUE ORLANDO, FL 32810	7. Name and Address of New Registered Agent Name SEMANDA KEZLON Street Address (P.O. Box Number is Not Acceptable) 1644 SAND KEY CIRCLE OVIEDO FL 32765 City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE 200205452552
04/28/11--01045--012 ***61.25

Filing Fee is \$61.25 Due by May 1, 2011	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMANDA, KEZLON 109 WASHINGTON AVENUE ORLANDO, FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEMANDA KEZLON 1644 Sand Key Cir. OVIEDO, FL 32765 ☐ Change ☐ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown Thomas 109 Washington Ave. Orlando, FL 32810 ☐ Change ☒ Addition Chairman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Murray Jennifer P.O. Box 952257 Lake Mary, FL 32727 ☐ Change ☐ Addition Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Casavant Robert 1014 O'Hanlon Court OVIEDO, FL 32765 ☐ Change ☐ Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Plum Jerry 1644 Sand Key Cir OVIEDO, FL 32765 ☐ Change ☐ Addition Member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: Rev. SKC 20th April 2011 407-971-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/29/11