

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007067

FILED
Apr 24, 2009
Secretary of State

Entity Name: CHRISTFIRST MINISTRIES, INC.

Current Principal Place of Business:

11119 OAKCREST DRIVE
RICHMOND, VA 23235

New Principal Place of Business:

Current Mailing Address:

PO BOX 36378
RICHMOND, VA 23235

New Mailing Address:

FEI Number: 72-1601899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGS, HOWARD
4404 S FLORIDA AVE SUITE 2
LAKELAND, FL 33813 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: D () Delete
Name: WIGGS, HOWARD
Address: 462 HIGH LANDS PLACE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: WIGGS, JOHNNY
Address: 9441 S W. 30TH ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: DP () Delete
Name: WIGGS, SARA
Address: 11119 OAKCREST DRIVE
City-St-Zip: RICHMOND, VA 23235

Title: D () Delete
Name: RHODEN, ROBERT
Address: 1836 PARK AVE.
City-St-Zip: RICHMOND, VA 23220

Title: D () Delete
Name: LINGER, RONALD
Address: 11507 CROFTON LANE
City-St-Zip: RICHMOND, VA 23242

Title: S () Delete
Name: LINGER, SHERRIE
Address: 11507 CROFTON LANE
City-St-Zip: RICHMOND, VA 23242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SARA WIGGS

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date