

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007213

FILED
Mar 26, 2009
Secretary of State

Entity Name: C P M SPIRITUAL MINISTRY, INC

Current Principal Place of Business:

3682 N WICKHAM RD
B1 SUITE 216
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

3682 N WICKHAM RD
B1 SUITE 216
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 26-2049905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, WALTER
2620 N PINE AVE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

CHARLES, LENNY
2620 N PINE AVE
OCALA, FL 34476 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: LENNY CHARLES

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, WALTER
Address: 2620 N PINE AVE
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: CHARLES, PHILIP
Address: P.O. BOX 267
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: SUPERIOR, DORIS
Address: P. O. BOX 267
City-St-Zip: OCALA, FL 34478

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: CHARLES, LENNY
Address: PO BOX 267
City-St-Zip: OCALA, FL 34478

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: LENNY CHARLES

O

03/26/2009

Electronic Signature of Signing Officer or Director

Date