

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010956

FILED
Feb 16, 2009
Secretary of State

Entity Name: CHRISTIAN DEVELOPMENT MINISTRIES WORLD WIDE, INC.

Current Principal Place of Business:

1136 KNOLL DRIVE WEST
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1136 KNOLL DRIVE WEST
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 20-8408641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STONE, GLYNN N SR.
1136 KNOLL DRIVE WEST
JACKSONVILLE, FL 32221 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: P () Delete
Name: STONE, GLYNN N SR.
Address: 1136 KNOLL DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32221

Title: SEC () Delete
Name: SCRUGGS, ADINA L
Address: 7811 CELESTE LANE
City-St-Zip: HIXSON, TN 37343

Title: VP () Delete
Name: STONE, GLYNN N JR.
Address: 3809 SUMMERSET CT
City-St-Zip: LONGVIEW, TX 75605 US

Title: VP () Delete
Name: NUON, SITHON
Address: 3419 EMAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

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:

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: GLYNN N. STONE SR.

P

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date