2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2007
Secretary of State

DOCUMENT# N06000012193

Entity Name: CHRISTIAN EMERGENCY RESPONSE VOLUNTEERS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
24 A. MIRACLE AVE., AVON PARK, FL 33825	3113 BELLFLOWER WAY LAKELAND, FL 33802

Current Mailing Address:	**New Mailing Address:**
24 A. MIRACLE AVE., AVON PARK, FL 33825	3113 BELLFLOWER WAY LAKELAND, FL 33802

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
THORN, ROBERT E 21 FIELDS STREET AVON PARK, FL 33825 US	THORN, MARY R 3113 BELLFLOWER WAY LAKELAND, FL 33802 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: MARY R THORN 05/28/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	P ( ) Delete	Title:	P (X) Change ( ) Addition
Name:	ROBERTS, MICHAEL W	Name:	ROBERTS, MICHAEL W
Address:	24 A. MIRACLE AVE.,	Address:	3113 BELLFLOWER WAY
City-St-Zip:	AVON PARK, FL 33825	City-St-Zip:	LAKELAND, FL 33802
Title:	VP ( ) Delete	Title:	( ) Change ( ) Addition
Name:	THORN, ROBERT E	Name:	
Address:	21 FIELDS ST.	Address:	
City-St-Zip:	AVON PARK, FL 33825	City-St-Zip:	
Title:	TR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	THORN, MARY R	Name:	
Address:	3113 BELLFLOWER WAY	Address:	
City-St-Zip:	LAKELAND, FL 33802	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: ROBERT E THORN VP 05/28/2007
Electronic Signature of Signing Officer or Director Date