


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90112 047 \*\*\*\*61.25

<b>DOCUMENT # N06000012665</b>	
1. Entity Name <b>CHRIST'S CLOAK MINISTRIES, CORP.</b>	

Principal Place of Business <b>20372 HACIENDA CT BOCA RATON, FL 33498</b>	Mailing Address <b>20372 HACIENDA CT BOCA RATON, FL 33498</b>
----------------------------------------------------------------------------------	----------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # <b>880 N. Pershing St.</b>	3. Mailing Address <b>880 N. Pershing St.</b>
Suite, Apt. #, etc. <b>Apt #1</b>	Suite, Apt. #, etc. <b>Apt #1</b>
City & State <b>Mount Angel, OR</b>	City & State <b>Mount Angel, OR</b>
Zip <b>97362</b>	Country <b>USA</b>

04192008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-5767814</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>LLORENS, KIMBERLY JOY 20372 HACIENDA CT BOCA RATON, FL 33498</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLORENS, KIMBERLY 20372 HACIENDA CT BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Llorens, Kimberly <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 880 N. Pershing St., #1 Mount Angel, OR 97362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORIN, CHRISTINA 13811 OMERIDA DRIVE #2 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, STEPHANIE 38981 CARE HERMOSA MURRIETA, CA 92563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Kimberly Joy Llorens **Kimberly Joy Llorens**, 4/19/08, 845-9786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #