

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012665

FILED  
Jan 10, 2009  
Secretary of State

Entity Name: CHRIST'S CLOAK MINISTRIES, CORP.

## Current Principal Place of Business:

880 N. PERSHING ST.  
APT #1  
MOUNT ANGEL, OR 97362

## New Principal Place of Business:

715 EUREKA AVE.  
SILVERTON, OR 97381

## Current Mailing Address:

880 N. PERSHING ST.  
APT #1  
MOUNT ANGEL, OR 97362

## New Mailing Address:

PO BOX 383  
SILVERTON, OR 97381

FEI Number: 20-5767814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLORENS, KIMBERLY JOY  
20372 HACIENDA CT  
BOCA RATON, FL 33498 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: LLORENS, KIMBERLY  
Address: 880 N. PERSHING ST., #1  
City-St-Zip: MOUNT ANGEL, OR 97362

Title: D ( ) Delete  
Name: KORIN, CHRISTINA  
Address: 13811 OMERIDA DRIVE #2  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: SNOW, STEPHANIE  
Address: 38981 CARE HERMOSA  
City-St-Zip: MURRIETA, CA 92563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LLORENS, KIMBERLY  
Address: 715 EUREKA AVE.  
City-St-Zip: SILVERTON, OR 97381

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: KIMBERLY J. LLORENS

P

01/10/2009

Electronic Signature of Signing Officer or Director

Date