2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000006910

Entity Name: ADVENT RECOVERY MINISTRIES, INC.

Current Principal Place of Business:

17290 REWIS ROAD
ALVA, FL 339205522

New Principal Place of Business:

Current Mailing Address:

17290 REWIS ROAD
ALVA, FL 339205522

New Mailing Address:

FEI Number: 26-0547915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, RANDOLPH A
17290 REWIS ROAD
ALVA, FL 339205522 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: DP ( ) Delete
Name: WOOD, RANDOLPH A REV.
Address: 117920 REWIS ROAD
City-St-Zip: ALVA, FL 339205522

Title: DS ( ) Delete
Name: THOMPSON, CULLEN REV.
Address: 5970 CANTERBURY ROAD
City-St-Zip: NORTH OLMSTED, OH 44070

Title: DT ( ) Delete
Name: SEIDERS, GLENN
Address: 2202 IRIS WAY
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WOOD, RANDOLPH A REV.
Address: 117920 REWIS ROAD
City-St-Zip: ALVA, FL 339205522

Title: DP (X) Change ( ) Addition
Name: THOMPSON, CULLEN REV.
Address: 5970 CANTERBURY ROAD
City-St-Zip: NORTH OLMSTED, OH 44070

Title: DS (X) Change ( ) Addition
Name: SEIDERS, GLENN
Address: 2202 IRIS WAY
City-St-Zip: FORT MYERS, FL 33905

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: CULLEN THOMPSON DP 04/30/2009

Electronic Signature of Signing Officer or Director — Date