

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005261

FILED
Mar 25, 2009
Secretary of State

Entity Name: CHRIST LIKE MINISTRIES INCORPORATED

Current Principal Place of Business:

1034 LOBSTER LANE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1034 LOBSTER LANE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLAYTON, MARION L
1034 LOBSTER LANE
JACKSONVILLE, FL 32218 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. () Change (X) Addition
Name: MCCLAIN, RONALD B DEACON
Address: 1861 DAYTON LANE N
City-St-Zip: JACKSONVILLE, FL 32218

Title: MRS. () Change (X) Addition
Name: LANG, LEILA SISTER
Address: 2153 COURTNEY DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: MR. () Change (X) Addition
Name: ERVIN, JAMES MIN.
Address: 8120 SARCEE TRL
City-St-Zip: JACKSONVILLE, FL 32244

Title: MS. () Change (X) Addition
Name: HENDLEY, MARGARET
Address: 10841 LYDIA STATE
City-St-Zip: JACKSONVILLE, FL 32218

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: LEILA LANG

Electronic Signature of Signing Officer or Director

MRS.

03/25/2009

Date