

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# N08000006984

Entity Name: CITYTAKER MINISTRIES, INC.

**Current Principal Place of Business:**

711 ROB ROY PLACE  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

711 ROB ROY PLACE  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

FEI Number: 26-3048028      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

GEER, ALAN K  
7401 D TEMPLE TERRACE HWY  
TAMPA, FL 33637 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: PD ( ) Delete  
Name: LEWIS, JEFFREY  
Address: 711 ROB ROY PLACE  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: VPD ( ) Delete  
Name: LEWIS, MELANIE  
Address: 711 ROB ROY PLACE  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: S ( ) Delete  
Name: LEWIS, MELANIE  
Address: 711 ROB ROY PLACE  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: T ( ) Delete  
Name: LEWIS, MELANIE  
Address: 711 ROB ROY PLACE  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MELANIE LEWIS

VPD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date