

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010847

FILED
Jan 06, 2009
Secretary of State

Entity Name: EAST RIVER MINISTRIES, INC.

Current Principal Place of Business:

701 SCHOOL AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1307 PENNSYLVANIA AVE.
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 94-3455534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAY, TERRI A
1307 PENNSYLVANIA AVE.
LYNN HAVEN, FL 32444 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: CEO () Delete
Name: MAY, TERRI A
Address: 1307 PENNSYLVANIA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: C () Delete
Name: DALTON, PERRY M
Address: 1500 HINKLE RD.
City-St-Zip: CLANTON, AL 35045

Title: VP () Delete
Name: MORGAN, WILLIAM B
Address: 318 HILAND DR.
City-St-Zip: PANAMA CITY, FL 32404

Title: S () Delete
Name: HARE, SHIRLEY
Address: 2904 HARRISON AVE. UNIT B
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: WHITCOMB, ESTHER
Address: 1415 RIDGEWOOD AVE.
City-St-Zip: PANAMA CITY, FL 32404

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: T (X) Change () Addition
Name: HARE, SHIRLEY
Address: 2904 HARRISON AVE. UNIT B
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change () Addition
Name: WHITCOMB, ESTHER
Address: 1415 RIDGEWOOD AVE.
City-St-Zip: PANAMA CITY, FL 32404

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: TERRI (

CEO

01/06/2009

Electronic Signature of Signing Officer or Director

Date