

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006112

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** CHURCH OF RECOVERY MINISTRY INC.

**Current Principal Place of Business:**

600 OLIVE STREET  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

1924 HUSSON AVE  
PALATKA, FL 32177

**New Mailing Address:**

1804 WASHINGTON STREET  
B203  
PALATKA, FL 32177

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, RENA M  
1804 WASHINGTON ST.  
B203  
PALATKA, FL 32177 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: PA  
Name: WILLIAMS, RENA M  
Address: 1804 WASHINGTON STREET APT. B203  
City-St-Zip: PALATKA, FL 32177

Title: CO.P  
Name: BRINSON, ISAAC T  
Address: 2305 HUSSON AVE. APT. G-45  
City-St-Zip: PALATKA, FL 32177

Title: TREA  
Name: RASHER, ARBANNER  
Address: 516 NORTH 18 STREET  
City-St-Zip: PALATKA, FL 32177

Title: SECE  
Name: JOURNEY, SYLVIA R  
Address: 213 SOUTH 14TH STREET  
City-St-Zip: PALATKA, FL 32177

Title: VS  
Name: JONES, DENESE L  
Address: 1924 HUSSON AVE.  
City-St-Zip: PALATKA, FL 32177

I hereby 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 all other like empowered.

SIGNATURE: RENA MAE WILLIAMS

PA

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date