

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09245

FILED  
Sep 02, 2008  
Secretary of State

Entity Name: THE CHRISTIAN MEDIATION SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

9010 SW 137 AVE  
241  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

9010 SW 137 AVE  
241  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 59-2670019      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:**

MCMURRAY, LOUISE H  
9010 SW 137 AVE  
241  
MIAMI, FL 33186 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: MCMURRAY, LOUISE H  
Address: 9010 SW 137 AVE  
City-St-Zip: MIAMI, FL 33186

Title: VSD ( ) Delete  
Name: MCMURRAY, JANET L  
Address: 7721 NW 7 ST., #710  
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete  
Name: MCMURRAY, SEAN K  
Address: BEI DEN GERTU 5  
City-St-Zip: OBERARANBACH, GERMANY,

Title: D ( ) Delete  
Name: MCMURRAY, KIMBERLY  
Address: BEI DEN GERTU 5  
City-St-Zip: OBERARANBACH, GERMANY,

Title: D ( ) Delete  
Name: BAIL, JULIA  
Address: 7900 CYPRESS PLACE  
City-St-Zip: CHEVY CHASE, MD 208155929

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

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

Title: VSD (X) Change ( ) Addition  
Name: MCMURRAY, JANET L  
Address: 16950 S.W. 93 AVE  
City-St-Zip: PALMETTO BAY, FL 33157

Title: TD (X) Change ( ) Addition  
Name: MCMURRAY, SEAN K  
Address: 8005 CATALPA COURT  
City-St-Zip: DOVER, DE 19901 US

Title: D (X) Change ( ) Addition  
Name: MCMURRAY, KIMBERLY  
Address: 8005 CATALPA COURT  
City-St-Zip: DOVER, DE 19901 US

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: LOUISE H. MCMURRAY

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date