

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09245

FILED
Aug 18, 2009
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: 16950 S.W. 93 AVE
City-St-Zip: PALMETTO BAY, FL 33157

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

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

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: () 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: LOUISE MCMURRAY

PD

08/18/2009

Electronic Signature of Signing Officer or Director

Date