

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000231

FILED  
May 15, 2012  
Secretary of State

**Entity Name:** CHOSEN ONE MINISTRIES, INC

**Current Principal Place of Business:**

10415 ELGIN BOULEVARD  
SPRING HILL,, FL 34611

**New Principal Place of Business:**

10415 ELGIN BOULEVARD  
SPRING HILL,, FL 34608

**Current Mailing Address:**

P.O. BOX 6335  
SPRING HILL, FL 34611

**New Mailing Address:**

10415 ELGIN BOULEVARD  
SPRING HILL,, FL 34608

**FEI Number:** 27-3700516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

REESE, BERTHA D  
10415 ELGIN BOULEVARD  
SPRING HILL, FL 34608 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:** SECT  
**Name:** LOFLAND, SHERI L  
**Address:** 2377 DELTONA BLVD  
**City-St-Zip:** SPRING HILL, FL 34606

**Title:** TREA  
**Name:** WADDY, JOYCE N  
**Address:** 721 WOOD DRIVE  
**City-St-Zip:** BROOKSVILLE, FL 34601

**Title:** TRUS  
**Name:** REECE, JESSIE L  
**Address:** 10415 ELGIN BOULEVARD  
**City-St-Zip:** SPRING HILL, FL 34608

**Title:** PAST  
**Name:** REESE, BERTHA D  
**Address:** 10415 ELGIN BOULEVARD  
**City-St-Zip:** SPRING HILL, FL 34608

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:** BERTHA D REESE

PAST

05/15/2012

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

\_\_\_\_\_  
Date