

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31556

FILED  
May 24, 2009  
Secretary of State

**Entity Name:** RITA CHRISTIE MINISTRIES, INC.

**Current Principal Place of Business:**

6429 BRAHMAN DR.  
LAKELAND, FL 33810 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 90491  
LAKELAND, FL 33804 US

**New Mailing Address:**

**FEI Number:** 59-2940537 **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:**

CHRISTIE, RITA  
6429 BRAHMAN DR  
LAKELAND, FL 33809 US

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

CHRISTIE, RITA  
6429 BRAHMAN DR  
LAKELAND, FL 33810 US

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: \_\_\_\_\_

05/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHRISTIE, RITA  
Address: 6429 BRAHMAN DR  
City-St-Zip: LAKELAND, FL 33810

Title: VPD ( ) Delete  
Name: CHRISTIE, WILLIAM M. J  
Address: 7540 FOLK WAY  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: CHRISTIE, BRIAN D.  
Address: 6083 WATERWOOD WAY  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: BRADLEY, CAROL  
Address: 127 FERN ROAD SOUTH  
City-St-Zip: LAKELAND, FL

Title: STD ( ) Delete  
Name: CHRISTIE, WILLIAM M. S  
Address: 6429 BRAHMAN DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete  
Name: BRADLEY, CHARLES  
Address: 127 S. FERN ROAD  
City-St-Zip: LAKELAND, FL 33801

**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: RITA A. CHRISTIE

PD

05/24/2009

Electronic Signature of Signing Officer or Director

Date