

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31556

FILED
Apr 27, 2010
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:

6429 BRAHMAN DR.
LAKELAND, FL 33810 US

FEI Number: 59-2940537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIE, RITA
6429 BRAHMAN DR
LAKELAND, FL 33810 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
Name: CHRISTIE, RITA
Address: 6429 BRAHMAN DR
City-St-Zip: LAKELAND, FL 33810

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

Title: D
Name: CHRISTIE, BRIAN D.
Address: 1550 GEORGETOWN DR.
City-St-Zip: LAKELAND, FL 33811

Title: D
Name: BRADLEY, CAROL
Address: 127 FERN ROAD SOUTH
City-St-Zip: LAKELAND, FL 33801

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

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

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: RITA CHRISTIE

PD

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date