


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N39114 1. Entity Name RECOVERY IN CHRIST MINISTRIES, INC.	
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Principal Place of Business 300 SHORE DR W OLDSMAR, FL 34677 US	Mailing Address 300 SHORE DRIVE WEST OLDSMAR, FL 34677 US
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01162005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3018258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASSMAN, RICHARD 300 SHORE DR W. OLDSMAR, FL 34677

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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOLUCITO, JOSEPH T. 1319 SPAULDING RD DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENWALD, ROBERT 1344 BOYLAN AVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKIPPER, STAN 2007 W. DELEON TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASSMAN, RICHARD 300 SHORE DR W. OLDSMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANTOLUCITO, JOSEPH 1319 SPAULDING RD DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSMAN, RICHARD 300 SHORE DR. W. OLDSMAR, FL

U000000191050 01/24/05-80160-006 70.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Richard Massman</u>	1-16-05	813 8556727
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>