

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39114

FILED  
Feb 17, 2008  
Secretary of State

**Entity Name:** RECOVERY IN CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

300 SHORE DR W  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 SHORE DRIVE WEST  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 59-3018258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASSMAN, RICHARD  
300 SHORE DR W.  
OLDSMAR, FL 34677 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: P ( ) Delete  
Name: SANTOLUCITO, JOSEPH, T.  
Address: 1319 SPAULDING RD  
City-St-Zip: DUNEDIN, FL 34698

Title: ST ( ) Delete  
Name: GAINES, TOMMY  
Address: 10255 SE 179TH PL  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP ( ) Delete  
Name: MCCOOL, DAN  
Address: 300 SHORE DRIVE WEST  
City-St-Zip: OLDSMAR, FL 34677

Title: DP ( ) Delete  
Name: MASSMAN, RICHARD,  
Address: 300 SHORE DR W.  
City-St-Zip: OLDSMAR,, FL 34677

Title: D ( ) Delete  
Name: CRAIG, THOMAS,  
Address: 1319 SPAULDING RD  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: MASSMAN, RICHARD  
Address: 300 SHORE DR W.  
City-St-Zip: OLDSMAR,, FL 34677

**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:

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: RICHARD MASSMAN

DIR

02/17/2008

Electronic Signature of Signing Officer or Director

Date