

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39114

FILED
Jan 16, 2009
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:

300 SHORE DR W
OLDSMAR, FL 34677 US

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:

MASSMAN, RICHARD
300 SHORE DRIVE WEST
OLDSMAR, FL 34677 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:

01/16/2009

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: P (X) Change () Addition
Name: SANTOLUCITO, JOSEPH, T.
Address: 1319 SPAULDING RD
City-St-Zip: DUNEDIN, FL 34677

Title: ST (X) Change () Addition
Name: GAINES, TOMMY
Address: 10255 SE 179TH PL
City-St-Zip: SUMMERFIELD, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CRAIG, THOMAS,
Address: 1319 SPAULDING RD
City-St-Zip: DUNEDIN, FL 34677

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

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date