

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002649

FILED
Jun 15, 2005
Secretary of State

Entity Name: RECOVERING MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 1953
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1953
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3189401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

WHITE, YVONNE C
RT. 7, BOX 559
LAKE CITY, FL 32055 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WHITE, YVONNE C
Address: RT. 7, BOX 559
City-St-Zip: LAKE CITY, FL 32055

Title: DAS () Delete
Name: FLEMING, FELICIA
Address: RT. 6, BOX 526 P
City-St-Zip: LAKE CITY, FL 32025

Title: DST () Delete
Name: ROSSIN, WINDY
Address: 687 NW WINFIELD ST.
City-St-Zip: LAKE CITY, FL 32055

Title: DV () Delete
Name: BOWDEN, ALDONIA
Address: HWY 100-A
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: MACKEY, BETTY J
Address: 1065 NORTH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

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 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 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: WINDY R. ROSSIN

DST

06/15/2005

Electronic Signature of Signing Officer or Director

Date