

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000002649

1. Entity Name

RECOVERING MINISTRIES, INC.



Principal Place of Business

163 NE HI-HAT PL
LAKE CITY FL 32055

Mailing Address

P.O. BOX 39
LAKE CITY FL 32056



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

90-0283220

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, YVONNE C
112 NE ALPHA TERR
LAKE CITY FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME WHITE, YVONNE C
STREET ADDRESS RT. 7, BOX 559
CITY-ST-ZIP LAKE CITY FL 32055

TITLE DAS ☐ Delete
NAME GRIER, CHARLIE M
STREET ADDRESS 4404 WELL SCARLET RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE DST ☐ Delete
NAME TRIMMINGS, NELLENE
STREET ADDRESS 8592 BANDERA CIR W
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE DV ☐ Delete
NAME BROWN, SALATHEIA
STREET ADDRESS P.O. BOX 6125
CITY-ST-ZIP STARKE FL 32091

TITLE D ☐ Delete
NAME GRIER, GARY
STREET ADDRESS 4404 WILL SCARLET RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Yvonne C. White*, YVONNE C. White

04-03-08 386-961-9800