

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002649

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** RECOVERING MINISTRIES, INC.

**Current Principal Place of Business:**

163 NE HI-HAT PL  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 90-0283220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WHITE, YVONNE C  
112 NE ALPHA TERR  
LAKE CITY, FL 32055 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:** DP  
**Name:** WHITE, YVONNE C  
**Address:** 112 NE ALPHA TERRACE  
**City-St-Zip:** LAKE CITY, FL 32055

**Title:** DAS  
**Name:** GRIER, CHARLIE M  
**Address:** 4404 WELL SCARLET RD  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** DST  
**Name:** TRIMMINGS, NELLENE  
**Address:** 8592 BANDERA CIR W  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** DV  
**Name:** BROWN, SALATHEIA  
**Address:** P.O. BOX 6125  
**City-St-Zip:** STARKE, FL 32091

I hereby 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 all other like empowered.

**SIGNATURE:** YVONNE C. WHITE

DP

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date