

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002649

FILED
Apr 25, 2011
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:

P.O. BOX 39
LAKE CITY, FL 32056

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

Title: D
Name: GRIER, GARY
Address: 4404 WILL SCARLET RD
City-St-Zip: JACKSONVILLE, FL 32208

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

04/25/2011

Electronic Signature of Signing Officer or Director

Date