

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005190

FILED
Feb 01, 2007
Secretary of State

Entity Name: CHRISTIAN RIDERS MINISTRY, INC.

Current Principal Place of Business:

1011 BILL BECK RD.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P O BOX 453
HIGHMORE, SD 57345 US

New Mailing Address:

FEI Number: 59-3229779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALEY, MARILYN
2027 HEIDELBERG AVE
DUNEDIN, FL 34698 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: DST () Delete
Name: MANGUS ROBERTS, BETH A
Address: P O BOX 453/ 126 3RD ST SW
City-St-Zip: HIGHMORE, SD 57345

Title: D () Delete
Name: GRESHAM, MEL
Address: 205 CRAWFORD VIEW ROAD
City-St-Zip: MONTICELLO, KY 42633

Title: D () Delete
Name: WINSOR, MICHAEL
Address: 4465 NORTHRIDGE TRAIL
City-St-Zip: ELLENWOOD, GA 30294

Title: PD () Delete
Name: ROBERTS, DONALD Q
Address: 126 3RD ST SW/ BOX 453
City-St-Zip: HIGHMORE, SD 57345

Title: DVP () Delete
Name: LUP, JACK
Address: 1541 HICKORYWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: STALEY, MARILYN
Address: 2027 HEIDELBURG AVENUE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: MANGUS- ROBERTS, BETH A
Address: P O BOX 453/ 126 3RD ST SW
City-St-Zip: HIGHMORE, SD 57345

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

Title: D (X) Change () Addition
Name: WINSOR, MICHAEL
Address: 525 GALLANTRY TRAIL
City-St-Zip: MCDONOUGH, GA 30252

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 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: BETH A. MANGUS-ROBERTS

DST

02/01/2007

Electronic Signature of Signing Officer or Director

Date