2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005190

Entity Name: CHRISTIAN RIDERS MINISTRY, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1011 BILL BECK RD KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** P O BOX 453 HIGHMORE, SD 57345 US FEI Number: 59-3229779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STALEY, MARILYN 2027 HEIDELBERG AVE DUNEDIN, FL 34698 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DST (X) Change () Addition () Delete MANGUS- ROBERTS, BETH A MANGUS ROBERTS, BETH A Name: Name: P O BOX 453/ 126 3RD ST SW Address: P O BOX 453/ 126 3RD ST SW Address: City-St-Zip: HIGHMORE, SD 57345 City-St-Zip: HIGHMORE, SD 57345 Title: () Delete Title: () Change () Addition GRESHAM, MEL Name: Name: Address: 205 CRAWFORD VIEW ROAD Address: City-St-Zip: MONTICELLO, KY 42633 City-St-Zip: Title: () Delete Title: () Change () Addition WINSOR, MICHAEL Name: Name: Address: 525 GALLANTRY TRAIL Address: City-St-Zip: MCDONOUGH, GA 30252 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: ROBERTS, DONALD Q Name: Address: 126 3RD ST SW/ BOX 453 Address: City-St-Zip: HIGHMORE, SD 57345 City-St-Zip: Title: DVP () Delete Title: () Change () Addition LUP, JACK Name: Name: 1541 HICKORYWOOD CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: () Delete Title: () Change () Addition STALEY, MARILYN Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: BETH A MANGUS ROBERTS DST 04/27/2009

Address:

City-St-Zip:

2027 HEIDELBURG AVENUE

DUNEDIN, FL 34698