


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90027 016 \*\*\*\*61.25

**DOCUMENT # N94000003877**

1. Entity Name  
**DOWNEAST CHRISTIAN MINISTRIES, INC.**



Principal Place of Business  
**P.O. BOX 498  
 PALM CITY, FL 34990 US**

Mailing Address  
**2164 SW MONTERREY LANE.  
 PORT SAINT LUCIE, FL 34953 US**

2. Principal Place of Business - No P.O. Box #  
**1455 SW SILVER PINE WAY**

3. Mailing Address  
 Suite, Apt. #, etc.  
**106 D 1**

City & State  
**Palm City, FL.**

City & State  
 City & State

Zip  
**34990**

Country

8. Name and Address of Current Registered Agent  
**BRYAN, TIMOTHY  
 2500 S KANNER HWY  
 661 SW BAY POINTE CIR  
 PALM CITY, FL 34990**

7. Name and Address of New Registered Agent  
 Name  
**CHERYL BRYAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1455 SW SILVER PINE WAY**  
**106 D 1**  
 City  
**Palm City** **FL** Zip Code  
**34990**

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 *Cheryl Bryan* **PRESIDENT** **3-24-07**  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BRYAN, TIMOTHY	661 S.W. BAY POINTE CIR.	PALM CITY, FL 34990	<input checked="" type="checkbox"/>
VD	FISH, TEDD	1 RODGES STREET	NASHUA, NH 03064	<input checked="" type="checkbox"/>
D	HOWARD, GREGG	81 NORTH CAUSEWAY SMYRNA CREEK PLAZA	NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/>
STD	SHENNING, JOHN	2164 SW MONTERREY LANE	PORT SAINT LUCIE, FL 34953	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	BRYAN, CHERYL	1455 SW SILVER PINE WAY	106 D 1 PALM CITY, FL. 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	BRYAN, DEAN	127 HEARTH SIDE RD.	STANDISH, ME. 04083	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JIRON, AL	2986 SW ISLAND CREEK TRL	PALM CITY, FLA 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	PHOEBUS, JOHN BRYAN	861 SE TRAMMEL TR	STUART FL 34997	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SPIGNARDI, ROGER SCOTT	3389 SW WOODCREEK TRL	PALM CITY FL 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John Henning* **3-25-07** **772-879-4665**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

