

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000003877
 1. Entity Name
DOWNEAST CHRISTIAN MINISTRIES, INC.



Principal Place of Business Mailing Address
 1455 SW SILVER PINE WAY 2164 SW MONTERREY LANE.
 106 D 1 PORT SAINT LUCIE FL 34953
 PALM CITY FL 34990 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2EQ37 (10/07)

City & State City & State
 4. FEI Number **65-0515924** Applied For
 Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRYAN, CHERYL
1455 SW SILVER PINE WAY
106 D 1
PALM CITY FL 34990

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Sign here, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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	PD	<input type="checkbox"/> Delete
NAME	BRYAN, CHERYL	
STREET ADDRESS	1455 SW SILVER PINE WAY 106 D1	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRYAN, DEAN	
STREET ADDRESS	127 HEARTHSIDE RD.	
CITY-ST-ZIP	STANDISH ME 04083	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIRON, AL	
STREET ADDRESS	2386 SW ISLAND CREEK TR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHENNING, JOHN	
STREET ADDRESS	2164 SW MONTERREY LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000803456
 02/05/08-80026-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 Shenning* JOHN SHENNING
 1-22-08 777-879-4665