

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 09, 2009  
Secretary of State**

DOCUMENT# N94000003877

Entity Name: DOWNEAST CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

1455 SW SILVER PINE WAY  
106 D 1  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0515924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRYAN, CHERYL  
1455 SW SILVER PINE WAY  
106 D 1  
PALM CITY, FL 34990 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: PD ( ) Delete  
Name: BRYAN, CHERYL  
Address: 1455 SW SILVER PINE WAY 106 D1  
City-St-Zip: PALM CITY, FL 34990

Title: VD ( ) Delete  
Name: BRYAN, DEAN  
Address: 127 HEARTHSIDE RD.  
City-St-Zip: STANDISH, ME 04083

Title: D ( ) Delete  
Name: JIRON, AL  
Address: 2386 SW ISLAND CREEK TR  
City-St-Zip: PALM CITY, FL 34990

Title: STD ( ) Delete  
Name: SHENNING, JOHN  
Address: 2164 SW MONTERREY LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: JOHN SHENNING

STD

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date