

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N96000001740

Entity Name: CHRISTIAN SUPPORT MINISTRIES, INC.

Current Principal Place of Business:

4191 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4191 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSH, DAVID M
4191 SAN JUAN AVE.
JACKSONVILLE, FL 32210 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: DP () Delete
Name: BUSH, DAVID M
Address: 7969 LE MANS DRIVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DVT () Delete
Name: MORRIS, STEVE
Address: 8336 W HAMDEN ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DS () Delete
Name: TAYLOR, TIMOTHY L
Address: 503 PURCELL DR
City-St-Zip: JACKSONVILLE, FL

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:

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: DAVID M. BUSH

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date