2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N96000002974

Entity Name: REFORMATION CHRISTIAN MINISTRIES CHURCH, INC.

Current Principal Place of Business:

13950 122ND STREET
FELLSMERE, FL 329486411

New Principal Place of Business:

Current Mailing Address:

13950 122ND STREET
FELLSMERE, FL 329486411

New Mailing Address:

FEI Number: 65-0672269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DONNAN, GEOFFREY W
13950 122ND STREET
FELLSMERE, FL 329486411 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:	D	( ) Delete
Name:	DONNAN, GEOFFREY W REV	
Address:	13950 122 ND ST.	
City-St-Zip:	FELLSMERE, FL 329486411	
Title:	D	( ) Delete
Name:	BOER, JEFFREY K DR.	
Address:	6270 W. 6TH AVENUE	
City-St-Zip:	HIALEAH, FL 330126529	
Title:	D	( ) Delete
Name:	MONTES, RAUL	
Address:	7115 MIAMI LAKES DRIVE APT N27	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	DTS	( ) Delete
Name:	DONNAN, NANCY M	
Address:	13950 122ND ST.	
City-St-Zip:	FELLSMERE, FL 329486411	

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: GEOFFREY W. DONNAN REV 03/20/2009

Electronic Signature of Signing Officer or Director — Date