2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N96000003950

Entity Name: CHRISTIAN MEDICAL RESOURCES, INC.

Current Principal Place of Business:

4571 SW OAKHAVEN LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4571 SW OAKHAVEN LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0805840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISKE, DARRELL N
4571 SW OAKHAVEN LANE
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: D ( ) Delete
Name: FISKE, DARRELL N
Address: 4571 SW OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: POWERS, JOHN R
Address: 263 KING ST
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: BINGHAM, GRAHAM
Address: PO BOX 539, KANNER HWY
City-St-Zip: STUART, 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: DARRELL FISKE DR. 04/03/2009

Electronic Signature of Signing Officer or Director — Date