


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90004 032 \*\*\*\*61.25

<b>DOCUMENT # N97000004721</b>		
1. Entity Name <b>COMMON GROUND MINISTRIES, INC.</b>		
Principal Place of Business <b>600 ATLANTIC AVENUE FORT PIERCE, FL 34950</b>	Mailing Address <b>600 ATLANTIC AVENUE FORT PIERCE, FL 34950</b> <i>P.O. Box 1898 Ft. Pierce, FL 34954</i>	



07312008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0639941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SMITH, TODD J 600 ATLANTIC AVENUE FORT PIERCE, FL 34950</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 TODD J SMITH (NOTE: Registered Agent signature required when reinstating) June 31, 2008  
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, TODD J 600 ATLANTIC AVENUE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARNED, TONY 5211 OLEANDER AVENUE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, CLAYTON 5265 NW NORHT MACEDO BLVD PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: TODD J. SMITH June 31, 2008 772 460-5444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #