

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003705

FILED
May 11, 2009
Secretary of State

Entity Name: CHRISTIAN RADIO MEDIA, INC.

Current Principal Place of Business:

8145 W. PEBBLE LN
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

8145 W. PEBBLE LN
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 59-3519065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SWARTZ, PETER J JR.
8145 W. PEBBLE LN
HOMOSASSA, FL 34448 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: PT () Delete
Name: SWARTZ, PETER J JR.
Address: 8145 W. PEBBLE LN
City-St-Zip: HOMOSASSA, FL 34448

Title: TVP () Delete
Name: KOERNER, SUZANNE E
Address: 118 N.E. 2ND. STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TT () Delete
Name: BOLES, FRANK
Address: 6432 W SEVEN RIVERS DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: SWARTZ, JANET
Address: 8145 W PEBBLE LN
City-St-Zip: HOMOSASSA, FL 34448

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: PETER J SWARTZ JR

PT

05/11/2009

Electronic Signature of Signing Officer or Director

Date