

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N98000006659

Entity Name: B.I.O.N.I.C. CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

104 KERR CIRCLE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

104 KERR CIRCLE
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 65-0878801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORSCHINO, HENRY PASTOR
104 KERR CR.
LEHIGH ACRES, FL 33936 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: PSTD () Delete
Name: FORSCHINO, HENRY PASTOR
Address: 104 KERR CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD () Delete
Name: FORSCHINO, MARLA AS-PAST
Address: 104 KERR CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: FORSCHINO, TODD PASTOR
Address: 104 KERR CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

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: HENRY FORSCHINO

PTSD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date