

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007560

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: CLOUSE RESTORATION MINISTRIES, INC.

**Current Principal Place of Business:**

638 BROOKFIELD LOOP  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

638 BROOKFIELD LOOP  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 59-3613714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLOUSE, ELIZABETH  
638 BROOKFIELD LOOP  
LAKE MARY, FL 32746 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: PD ( ) Delete  
Name: CLOUSE, MARY E  
Address: 638 BROOKFIELD LOOP  
City-St-Zip: LAKE MARY, FL 32746

Title: DV ( ) Delete  
Name: POPE, KAREN D  
Address: 103 LEA AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: DS ( ) Delete  
Name: POPE, KEVIN  
Address: 103 LEA AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: DT ( ) Delete  
Name: CLOUSE, GEORGE W SR  
Address: 638 BROOKFIELD LOOP  
City-St-Zip: LAKE MARY, FL 32746

Title: M ( ) Delete  
Name: CENTO, DONNA  
Address: 4251 HAWS CT  
City-St-Zip: ORLANDO, FL 32814

**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:

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: GEORGE W. CLOUSE

DT

04/11/2009

Electronic Signature of Signing Officer or Director

Date