2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P18293

Entity Name: CHRISTOLIZED MINISTRIES, INC.

Current Principal Place of Business:

4547 VILLAGE WOOD DR
ORLANDO, FL 328352729 US

New Principal Place of Business:

Current Mailing Address:

4547 VILLAGE WOOD DR
ORLANDO, FL 328352729 US

New Mailing Address:

FEI Number: 39-1398723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRUDWICK, JOHN
457 E NEW ENGLAND AVENUE
WINTER PARK, FL 32789 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:	P	( ) Delete
Name:	HAYDEN, DAN,	
Address:	4547 VILLAGE WOOD DR	
City-St-Zip:	ORLANDO, FL 328352729	
Title:	ST	( ) Delete
Name:	HAYDEN, KARILEE A.,	
Address:	4547 VILLAGE WOOD DR	
City-St-Zip:	ORLANDO, FL 328352729	
Title:	D	( ) Delete
Name:	SHRUM, KEITH,	
Address:	325 MORNINGWOOD DR	
City-St-Zip:	LEXINGTON, SC	
Title:	D	( ) Delete
Name:	DUANE E. MATHEWS,	
Address:	204 PARK AVENUE	
City-St-Zip:	CLYDE PARK, MT 59018	
Title:	D	( ) Delete
Name:	STRUDWICK, JOHN,	
Address:	457 E NEW ENGLAND AVENUE	
City-St-Zip:	WINTER PARK, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SHRUM, KEITH,	
Address:	325 MORNINGWOOD DR	
City-St-Zip:	LEXINGTON, SC 29072	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STRUDWICK, JOHN,	
Address:	457 E NEW ENGLAND AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	

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: DANIEL R. HAYDEN P 01/15/2009

Electronic Signature of Signing Officer or Director — Date