

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005060

**Entity Name:** CHRISTIAN LEADERS MINISTRIES, INC.**Current Principal Place of Business:**2620 COVE CAY DRIVE, 305  
CLEARWATER, FL 33760**Current Mailing Address:**2620 COVE CAY DRIVE, 305  
CLEARWATER, FL 33760 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCHERT, TERRENCE S ESQ  
2111 TYRONE BLVD  
ST. PETERSBURG, FL 33710 US*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

**Officer/Director Detail :**

Title BMBR  
Name REYENGA, HENRY  
Address 2620 COVE CAY DRIVE, 305  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name HUNT, JAMES DR  
Address 4700 W. COURT ST.  
City-State-Zip: MONEE IL 60449

Title D  
Name HAZELTON, TODD  
Address 6826 O'DANIEL LOOP W  
City-State-Zip: LAKELAND FL 33809

Title DIRECTOR  
Name ROESCH, DEBORAH  
Address 716 SHORE DRIVE EAST  
City-State-Zip: OLDMAR FL 34677

Title PRES  
Name REYENGA, HENRY  
Address 2620 COVE CAY DRIVE, 305  
City-State-Zip: CLEARWATER FL 33760

Title DIR  
Name ZILLIG, DAVID  
Address 11445 9TH STREET E  
City-State-Zip: TREASURE ISLAND FL 33706

Title D  
Name DECOOK, BRIAN  
Address PO BOX 15773  
City-State-Zip: FORT WAYNE IN 46885

Title DIRECTOR  
Name BRANOFF, CHRISTOPHER  
Address 5711 ALASKA AVE. SE  
City-State-Zip: ALTO MI 49302

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN DECOOK

D

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LUCAS, ROY  
Address 1578 PROVIDENCE RD.  
City-State-Zip: GRAFTON MA 01519

Title DIRECTOR  
Name VAN DRUNEN, EDWARD  
Address 1811 E. RIETVELD DR.  
City-State-Zip: CRETE IL 60417

Title DIRECTOR  
Name PARR, RONALD  
Address 11674 W. STATE RD 77  
City-State-Zip: HAYWARD WI 54843