No. <b>C 151183</b>		Due no later than Oct 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		REV GARY MILLER			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.		2206 N 12TH ST COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		NORTHWEST CHRISTIAN MINISTRIES, INC. REV. GARY MILLER 2206 N 12TH ST					
		COEUR D'ALENE ID					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	REV. GARY		2206 N 12TH ST	COEUR D'ALENE	ID	USA	83814
DIRECTOR	REV. LINDA SPOTTS		5472 MT HWY 13	WOLF POINT	MT	USA	59201
	DR. DAVID M SMUIN		PO BOX 51687	SARASOTA	FL	USA	34232
SECRETARY			PO BOX 51687	SARASOTA	FL	USA	34232
DIRECTOR	REV. JEFF S	POTTS	5472 MT HWY 13	WOLF POINT	MT	USA	59201
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Dr. David M. Smuin			Date: 10/12/2009		
C 151183		Name (type or print): Dr. David M. Smuin			Title: President		
Processed 10/12/2009 * Electronically provided signatures are accepted as original signatures.							