2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N01000004390

Entity Name: CHRISTIAN MINISTRY FUNDS, INC.

Current Principal Place of Business:

6635 WILLOW PARK DRIVE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6635 WILLOW PARK DRIVE
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3757468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROLLINS, NOLEN
2862 MIZZEN WAY
NAPLES, FL 34109 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:	ROLLINS, NOLEN	
Address:	2862 MIZZEN WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	VD	( ) Delete
Name:	BIGGS, ROBERT	
Address:	4410A 5TH AVE. SW	
City-St-Zip:	NAPLES, FL 34119	
Title:	STD	( ) Delete
Name:	HELWEG, MARK	
Address:	5481 COVE CIR.	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	MUTZ, OZ	
Address:	625 AOMIRALTY PARADE	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	WATKINS, LEE	
Address:	1535 NORTHCLIFF TRACE	
City-St-Zip:	ROSWELL, GA 30076	
Title:	D	( ) Delete
Name:	CHANDLER, BRUCE	
Address:	530 S. COLLIER BLVD 503	
City-St-Zip:	MARCO ISLAND, FL 34145	

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:	D	(X) Change ( ) Addition
Name:	MUTZ, OZ	
Address:	5119 LAKE-IN-THE-WOODS	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	(X) Change ( ) Addition
Name:	CISKIE, ROGER	
Address:	675 WEST STREET	
City-St-Zip:	NAPLES, FL 34108	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NOLEN ROLLINS PD 04/20/2004

Electronic Signature of Signing Officer or Director — Date

JOHN R. WOOD, DIRECTOR
PO BOX 1109
NAPLES, FL 34106