2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 05, 2003
Secretary of State

DOCUMENT# N01000004390

Entity Name: CHRISTIAN MINISTRY FUNDS, INC.

Current Principal Place of Business:

2862 MIZZEN WAY
NAPLES, FL 34109

New Principal Place of Business:

6635 WILLOW PARK DRIVE
NAPLES, FL 34109

Current Mailing Address:

2862 MIZZEN WAY
NAPLES, FL 34109

New Mailing Address:

6635 WILLOW PARK DRIVE
NAPLES, FL 34109

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

Name and Address of Current Registered Agent:

GARMAN, GUY
3801 S. OCEAN DR. 4Z
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

ROLLINS, NOLEN
2862 MIZZEN WAY
NAPLES, FL 34109 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: NOLEN ROLLINS 01/05/2003
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: THOMASON, DON
Address: 1105 CAPITAL AVE SW
City-St-Zip: BATTLE CREEK, MI 49015

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WATKINS, LEE
Address: 1535 NORTHCLIFF TRACE
City-St-Zip: ROSWELL, GA 30076

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 01/05/2003
Electronic Signature of Signing Officer or Director Date