2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000320

1. Entity Name
CHRIST CENTRAL MINISTRIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
14906 NORTH MAIN STREET ALACHUA, FL 32615	PO BOX 2289 ALACHUA, FL 32616

01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1845822
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMONS, CHAD
PO BOX 2289
ALACHUA, FL 32616

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000415823
02/11/06-80097-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLEMONS, CHAD
STREET ADDRESS	19811 NW 78TH AVE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	S
NAME	BUSSCHER, DUSTIN
STREET ADDRESS	25553 NW 204TH AVE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	T
NAME	PAYNE, AMANDA
STREET ADDRESS	12610 NW 214TH TERRACE
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jan 30, 2006 386 462-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #