2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# N03000000320

Entity Name: CHRIST CENTRAL MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

14906 NORTH MAIN STREET
ALACHUA, FL 32615

New Principal Place of Business:

210 NW 1ST AVE.
HIGH SPRINGS, FL 32643

Current Mailing Address:

PO BOX 2289
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 14-1845822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEMONS, CHAD
14906 N. MAIN STREET
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

CLEMONS, CHAD
210 NW 1ST AVE.
HIGH SPRINGS, FL 32643 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: CHAD CLEMONS 01/28/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLEMONS, CHAD
Address: 19811 NW 78TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: S ( ) Delete
Name: BUSSCHER, DUSTIN
Address: 25553 NW 204TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T ( ) Delete
Name: PAYNE, AMANDA
Address: 12610 NW 214TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32655

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CLEMONS, CHAD
Address: 24751 NW 155TH AVE.
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: S (X) Change ( ) Addition
Name: MOORE, MARY ANN
Address: P.O. BOX 2289
City-St-Zip: ALACHUA, FL 32616 US

Title: T (X) Change ( ) Addition
Name: PAYNE, AMANDA
Address: 12610 NW 214TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: D ( ) Change (X) Addition
Name: AUSTIN, ARIC
Address: P.O. BOX 2289
City-St-Zip: ALACHUA, FL 32616 US

Title: D ( ) Change (X) Addition
Name: CLEMONS, BOB
Address: P.O. BOX 2289
City-St-Zip: ALACHUA, FL 32616 US

Title: D ( ) Change (X) Addition
Name: MOORE, JAMES
Address: P.O. BOX 2289
City-St-Zip: ALACHUA, FL 32616 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHAD CLEMONS P 01/28/2008
Electronic Signature of Signing Officer or Director — Date