
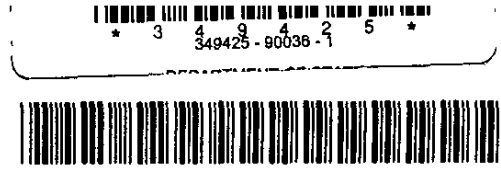


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90036 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N34814		
1. Corporation Name CHRISTIAN MINISTRIES, INC.		
Principal Place of Business C/O JOSEPH NAPIER 2480 HALLMARK DRIVE PENSACOLA FL 32503	Mailing Address P O BOX 9469 2480 HALLMARK DRIVE PENSACOLA FL 32513 US	



2. Principal Place of Business 21 <i>1 Beach "A" street</i>	2a. Mailing Address 26 <i>P.O. Box 388</i>	3. Date Incorporated or Qualified 10/20/1989
Suite, Apt. #, etc. 22 <i>Suite 202</i>	Suite, Apt. #, etc. 27	4. FEI Number 59-2974560
City & State 23 <i>Pensacola Fl.</i>	City & State 28 <i>Seminary, Ms.</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <i>32501</i>	Country 25 <i>U.S.A.</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <i>39479</i>	Country 30 <i>USA.</i>	

9. Name and Address of Current Registered Agent NAPIER, JOSEPH 2480 HALLMARK DRIVE PENSACOLA FL 32503	10. Name and Address of New Registered Agent 81 Name <i>J. Nixon Daniel III</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>4540 Bohemia Drive</i> 83 84 City <i>Pensacola</i> FL 85 Zip Code <i>32504</i>
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE *J. Nixon Daniel III* DATE *9/13/99*

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAPIER, JOSEPH 2480 HALLMARK DR. PENSACOLA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i> <i>David J. Napier</i> <i>1900 Bishop St.</i> <i>Little Rock, ar. 72202</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAPIER, PHILIP 1201 VIA DE LUNA PENSACOLA BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i> <i>Dr. James Winton</i> <i>1900 Bishop St.</i> <i>Little Rock, ar 72202</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAY, L. E DR. 1585 E BLOUNT ST PENSACOLA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, J. N III 4540 BOEHMIA DR PENSACOLA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>David J. Napier</i> <i>1900 Bishop St.</i> <i>Little Rock, ar. 72202</i>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD</i> <i>Dr. James Winton</i> <i>1900 Bishop St.</i> <i>Little Rock, ar. 72202</i>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Napier* DATE: *2/20/99* DAYTIME PHONE: *601-722-4194*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0079199 CR2E037 (1/198)