

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90028 024 ****70.00

DOCUMENT # N34814

1. Entity Name

CHRISTIAN MINISTRIES, INC.

Principal Place of Business

**21 SMYRNA RD.
 SEMINARY MS 39479
 US**

Mailing Address

**P.O. BOX 388
 SEMINARY MS 39479
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2974560**

Applied For
 Not Applicable

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

B0004527



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIEL, J. NIXON III
 4540 BOLEMA DRIVE
 PENSACOLA FL 32504**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAPIER, JOSEPH	
STREET ADDRESS	PO BOX 388	
CITY-ST-ZIP	SEMINARY MS 39479	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAY, L. E DR.	
STREET ADDRESS	1585 E BLOUNT ST	
CITY-ST-ZIP	PENSACOLA-FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, J. N III	
STREET ADDRESS	4540 BOEHMIA DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAPIER, DAVID J	
STREET ADDRESS	1000 BISHOP ST	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINTON, DR. JAMES	
STREET ADDRESS	1000 BISHOP ST	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Joseph Napier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 601-722-4444
 Date Daytime Phone #

CR2E037 (9/01)