


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90005 026 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2974560

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

DANIEL, J. NIXON III
4540 BOLEMIA DRIVE
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

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

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

Filing Fee is \$81.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	P.O. BOX 13220, UNIVERSITY OF MOBILE	
CITY-ST-ZIP	MOBILE, AL 36683	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAPIER, PHILIP A	
STREET ADDRESS	1188 JAGUAR CIR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*D NAPIER, DAVID J.
P.O. BOX 9409
PENSACOLA, FL 32513*

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* **JOSEPH NAPIER** 1/13/05 601-722-4141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #