


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

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		4. FEI Number 59-2974560	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DANIEL, J. NIXON III 4540 BOLEMIA 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. 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					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, JOSEPH			NAME	
STREET ADDRESS	PO BOX 388			STREET ADDRESS	U00000419156 02/14/06-80036-005 70.00
CITY- ST- ZIP	SEMINARY MS 39479			CITY- ST- ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, L. E. DR.			NAME	
STREET ADDRESS	1686 E BLOUNT ST			STREET ADDRESS	
CITY- ST- ZIP	PENSACOLA FL			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, J. N III			NAME	
STREET ADDRESS	4540 BOEHMIA DR			STREET ADDRESS	
CITY- ST- ZIP	PENSACOLA FL			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, DAVID J			NAME	
STREET ADDRESS	P.O. BOX 9469			STREET ADDRESS	
CITY- ST- ZIP	PENSACOLA FL 32513			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, DR. JAMES			NAME	
STREET ADDRESS	P.O. BOX 13220, UNIVERSITY OF MOBILE			STREET ADDRESS	
CITY- ST- ZIP	MOBILE AL 36663			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, PHILIP A			NAME	
STREET ADDRESS	1188 JAGUAR CIR			STREET ADDRESS	
CITY- ST- ZIP	GULF BREEZE FL 32563			CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Daniel J. Nixon III* / *Joseph Napier* *Walter* (601 777-4111)