


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N34814**  
 1. Entity Name  
**CHRISTIAN MINISTRIES, INC.**



Principal Place of Business      Mailing Address  
**21 SMYRNA RD.**                      **P.O. BOX 388**  
**SEMINARY, MS 39479 US**          **SEMINARY, MS 39479 US**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2974560</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**DANIEL, J. NIXON III**  
**4540 BOLEMIA DRIVE**  
**PENSACOLA, FL 32504**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAPIER, JOSEPH PO BOX 388 SEMINARY, MS 39479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAY, L. E DR. 1585 E BLOUNT ST PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, J. N III 4540 BOEHMIA DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPIER, DAVID J P.O. BOX 9469 PENSACOLA, FL 32513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, DR. JAMES P.O. BOX 13220, UNIVERSITY OF MOBILE MOBILE, AL 36663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPIER, PHILIP A 1188 JAGUAR CIR GULF BREEZE, FL 32563

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 01/10/07-80047-015 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Pres.*      **1/5/07**      **601-722-4141**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #