

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34814

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

21 SMYRNA RD.  
SEMINARY, MS 39479 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 388  
SEMINARY, MS 39479 US

**New Mailing Address:**

**FEI Number:** 59-2974560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NAPIER, JOSEPH  
Address: PO BOX 388  
City-St-Zip: SEMINARY, MS 39479

Title: STD  
Name: GRAY, L. E DR.  
Address: 1585 E BLOUNT ST  
City-St-Zip: PENSACOLA, FL

Title: ASTD  
Name: DANIEL, J. N III  
Address: 4540 BOEHMIA DR  
City-St-Zip: PENSACOLA, FL

Title: D  
Name: NAPIER, DAVID J  
Address: 3 ISON CREEK COVE  
City-St-Zip: LITTLE ROCK, AR 72223

Title: D  
Name: MINTON, DR. JAMES  
Address: P.O. BOX 13220, UNIVERSITY OF MOBILE  
City-St-Zip: MOBILE, AL 36663

Title: D  
Name: NAPIER, PHILIP A  
Address: 1188 JAGUAR CIR  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH NAPIER

PD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date