

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2005  
Secretary of State**

DOCUMENT# N97000007035

Entity Name: "JUST AS I AM" CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

242 ORCHIS RD  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

242 ORCHIS RD  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 59-3479550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LUNDQUIST, KAREN  
242 ORCHIS RD  
ST AUGUSTINE, FL 32086      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      ( ) Delete  
Name: LUNDQUIST, KAREN  
Address: 242 ORCHIS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D      ( ) Delete  
Name: PARASINE, MARJORIE JILL  
Address: 14 ALEXANDRIA WAY  
City-St-Zip: BASKING RIDGE, NJ 07920

Title: D      ( ) Delete  
Name: MASSA, PETER J  
Address: 91 RAY AVE  
City-St-Zip: LEONIA, NJ 07605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KAREN LUNDQUIST

PD

04/14/2005

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

\_\_\_\_\_  
Date