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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000004422

1. Corporation Name
CONSOLIDATED CHRISTIAN MINISTRIES, INC.

Principal Place of Business
 900 W PINCKNEY ST
 MADISON FL 32340

Mailing Address
 900 W PINCKNEY ST
 MADISON FL 32340



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	900 A - SW Pinckney St	26	SAME	07/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Madison, FL	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	32340	25	Madison	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZINN, JANET 3040 NIXON WY MADISON FL 32340				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINN, JANET	1.2 NAME	
STREET ADDRESS	3040 NIXON WY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINO, FRANK	2.2 NAME	
STREET ADDRESS	RT 5 BOX 6010	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, JANICE	3.2 NAME	
STREET ADDRESS	RT 2 BOX 160	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANDA, BOB	4.2 NAME	
STREET ADDRESS	RT 3 BOX 1072	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, TIM	5.2 NAME	
STREET ADDRESS	MADISON COUNTY COURTHOUSE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, JIM	6.2 NAME	
STREET ADDRESS	950 SOUTH RANGE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Zinn 4/26/99 850-973-6208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)