


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90008 014 \*\*\*\*61.25

<b>DOCUMENT # N98000004422</b>					
1. Entity Name <b>CONSOLIDATED CHRISTIAN MINISTRIES, INC.</b>					
Principal Place of Business <b>900 A - SW PINCKNEY ST MADISON FL 32340 US</b>			Mailing Address <b>900 A - SW PINCKNEY ST MADISON FL 32340 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>31-1630103</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RUBINO, FRANK RT 2 BOX 6010 MADISON FL 32340</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	AP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBINO, FRANK		NAME		
STREET ADDRESS	RT. 2 BOX 6010		STREET ADDRESS		
CITY - ST - ZIP	MADISON FL 32340		CITY - ST - ZIP		
TITLE	VPOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLUNG, JOSEPH O SR		NAME		
STREET ADDRESS	352 SE HAHN WAY		STREET ADDRESS		
CITY - ST - ZIP	LEE FL 32059		CITY - ST - ZIP		
TITLE	<del>SP</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYNES, EDDIE		NAME	<i>Director Haynes, Ellie</i>	
STREET ADDRESS	1208 SE TOMPKINS ST		STREET ADDRESS	<i>1208 SE Tompkins St</i>	
CITY - ST - ZIP	MADISON FL 32340		CITY - ST - ZIP	<i>Madison, FL 32340</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARANDA, BOB		NAME		
STREET ADDRESS	RT 3 BOX 1072		STREET ADDRESS		
CITY - ST - ZIP	MADISON FL 32340		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICK, QUAKERBUSH REV.		NAME		
STREET ADDRESS	P.O. BOX 38		STREET ADDRESS		
CITY - ST - ZIP	LEE FL 32059		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOWERS, JIM		NAME	<i>Secretary Sylvia Catron</i>	
STREET ADDRESS	950 SOUTH RANGE ST		STREET ADDRESS	<i>903 Park Circle</i>	
CITY - ST - ZIP	MADISON FL 32340		CITY - ST - ZIP	<i>Madison, FL 32340</i>	
12. 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 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: <i>Joseph O. McChung Sr. VPOD</i>			Date: <i>2-2-04</i>		Daytime Phone #: <i>850-973-6208</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					