2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90028 040 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N98000004422

1. Entity Name

CONSOLIDATED CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
900 A - SW PINCKNEY ST MADISON FL 32340 US	900 A - SW PINCKNEY ST MADISON FL 32340 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1630103 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUBINO, FRANK ~~RT 2 BOX 6010~~ 3634 N.E. Colin Kelley Hwy MADISON FL 32340	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE AP NAME RUBINO, FRANK STREET ADDRESS RT. 2 BOX 6010 CITY-ST-ZIP MADISON FL 32340	☐ Delete	TITLE President NAME Rubino, Frank STREET ADDRESS 3634 N.E. Colin Kelley Hwy CITY-ST-ZIP Madison, FL 32340	☒ Change ☐ Addition
TITLE VPOD NAME MCCLUNG, JOSEPH O SR STREET ADDRESS 352 SE HAHN WAY CITY-ST-ZIP LEE FL 32059	☐ Delete	TITLE Clark, Clifford (Director) NAME STREET ADDRESS 132 N.E. Rowena St. CITY-ST-ZIP Madison FL 32340	☐ Change ☒ Addition
TITLE D NAME HAYNES, EDDIE STREET ADDRESS 1208 SE TOMPKINS ST CITY-ST-ZIP MADISON FL 32340	☒ Delete	TITLE Director NAME Swift, Delores STREET ADDRESS 2443 N.E. Colin Kelley Hwy CITY-ST-ZIP Madison, FL 32340	☐ Change ☒ Addition
TITLE TD NAME ARANDA, BOB STREET ADDRESS RT 3 BOX 1072 CITY-ST-ZIP MADISON FL 32340	☐ Delete	TITLE Director NAME McGhee, Lola STREET ADDRESS 133 Arm Wood Terrace CITY-ST-ZIP Madison, FL 32340	☐ Change ☒ Addition
TITLE D NAME RICK, QUAKERBUSH REV. STREET ADDRESS P.O. BOX 38 CITY-ST-ZIP LEE FL 32059	☐ Delete	TITLE Director NAME Barfield, Mosley STREET ADDRESS 196 N.E. Balm Way CITY-ST-ZIP Madison, FL 32340	☐ Change ☒ Addition
TITLE S NAME SYLVIA, CATEON STREET ADDRESS 950 SOUTH RANGE ST CITY-ST-ZIP MADISON FL 32340	☐ Delete	TITLE Director NAME Tim Sanders STREET ADDRESS 300 W. Meeting St. CITY-ST-ZIP Madison, FL 32340	☐ Change ☒ Addition

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: Joseph O. McClung Sr. VP+ Joseph O. McClung, Sr. Operations Director 1/25/05 850-973-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #