

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90082 031 \*\*\*\*61.25



**DOCUMENT # N98000004422**

1. Entity Name

CONSOLIDATED CHRISTIAN MINISTRIES, INC.

Principal Place of Business

900 A - SW PINCKNEY ST  
MADISON FL 32340  
US

Mailing Address

900 A - SW PINCKNEY ST  
MADISON FL 32340  
US



2. Principal Place of Business

3. Mailing Address

*New E-911*  
*799-C SW Pinckney St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State  
*Madison, FL*

4. FEI Number

31-1630103

Applied For

Not Applicable

Zip

Country

Zip

Country

*32340*

*Madison*

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~~  
MADISON FL 32340

*New E-911 Address*  
*3634 NE Colin Kelley Hwy.*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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, 2006**

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 P  Delete  
NAME RUBINO, FRANK  
STREET ADDRESS 3634 NORTHEAST COLIN KELLEY HIGHWAY  
CITY-ST-ZIP MADISON FL 32340

TITLE  Change  Addition  
NAME *D Mosoly Barfield*  
STREET ADDRESS *196 NE Balm Way*  
CITY-ST-ZIP *Madison, FL 32340*

TITLE VPOD  Delete  
NAME MCCLUNG, JOSEPH O SR  
STREET ADDRESS 352 SE HAHN WAY  
CITY-ST-ZIP LEE FL 32059

TITLE  Change  Addition  
NAME *D Lola McGhee*  
STREET ADDRESS *133 Arm Wood Terrace*  
CITY-ST-ZIP *Madison, FL 32340*

TITLE D  Delete  
NAME CLARK, CLIFFORD  
STREET ADDRESS 132 NORTHEAST ROWENA STREET  
CITY-ST-ZIP MADISON FL 32340

TITLE  Change  Addition  
NAME *D Deloris Swift*  
STREET ADDRESS *2443 NE Colin Kelley Hwy*  
CITY-ST-ZIP *Madison, FL 32340*

TITLE TD  Delete  
NAME ARANDA, BOB  
STREET ADDRESS RT 3 BOX 1072  
CITY-ST-ZIP MADISON FL 32340

TITLE  Change  Addition  
NAME *D Alfred Martin*  
STREET ADDRESS *P.O. Box 364*  
CITY-ST-ZIP *Madison, FL 32341-0364*

TITLE D  Delete  
NAME RICK, QUAKERBUSH REV.  
STREET ADDRESS P.O. BOX 38  
CITY-ST-ZIP LEE FL 32059

TITLE  Change  Addition  
NAME *D Jim Sandas*  
STREET ADDRESS *300 W. Meeting*  
CITY-ST-ZIP *Madison, FL 32340*

TITLE S  Delete  
NAME SYLVIA, CATEON  
STREET ADDRESS 950 SOUTH RANGE ST  
CITY-ST-ZIP MADISON FL 32340

TITLE  Change  Addition  
NAME *Secretary Sylvia Caton*  
STREET ADDRESS *108 2nd Place*  
CITY-ST-ZIP *Madison, FL 32340*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 P. McChung, Jr. Vice President, Operations Director 1/24/06* **650-973-6208**