

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90032 001 \*\*\*\*61.25



**DOCUMENT # N98000004422**

1. Entity Name

CONSOLIDATED CHRISTIAN MINISTRIES, INC.

Principal Place of Business

799C SW PINCKNEY ST  
 MADISON FL 32340  
 US

Mailing Address

799-C SW PINCKNEY ST  
 MADISON FL 32340  
 US



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1630103

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARFIELD, MOSLEY L  
 196 NE BALM WAY  
 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 the Corporation.

(NOTE: Registered Agent signature is not required when resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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: BARFIELD, MOSLEY L  
 STREET ADDRESS: 196 NE BALM ST  
 CITY-ST-ZIP: MADISON FL 32340

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: S  Delete  
 NAME: EGLE-GARBUTT, GLORIA  
 STREET ADDRESS: 356 NE WITHLA BLUFFS WAY  
 CITY-ST-ZIP: LEE FL 32059

TITLE:  Change  Addition  
 NAME: Secretary  
 Carolyn Cooley  
 STREET ADDRESS: 559 NE Blue Springs Church Rd.  
 CITY-ST-ZIP: Lee, FL 32059

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

TITLE:  Change  Addition  
 NAME: Treasurer  
 Raymond Cooley  
 STREET ADDRESS: 339 NE Blue Springs Church Rd.  
 CITY-ST-ZIP: Lee, FL 32059

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

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: BM  Delete  
 NAME: SWIFT, DELORES  
 STREET ADDRESS: 2443 COLIN KELLEY HWY  
 CITY-ST-ZIP: MADISON FL 32340

TITLE:  Change  Addition  
 NAME: Board Member  
 James Ray  
 STREET ADDRESS: 3420 Hwy 3605 - PO Box 763  
 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: *Mosley Lee Barfield Mosley Lee Barfield President*

1-27-08 929-4344