

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004422

FILED
Jan 07, 2009
Secretary of State

Entity Name: CONSOLIDATED CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

799C SW PINCKNEY ST
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

799-C SW PINCKNEY ST
MADISON, FL 32340 US

New Mailing Address:

799C SW PINCKNEY ST
MADISON, FL 32340 US

FEI Number: 31-1630103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARFIELD, MOSLEY L
196 NE BALM WAY
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARFIELD, MOSLEY L
Address: 196 NE BALM ST
City-St-Zip: MADISON, FL 32340

Title: VPOD () Delete
Name: MCCLUNG, JOSEPH O SR
Address: 352 SE HAHN WAY
City-St-Zip: LEE, FL 32059

Title: S () Delete
Name: COOLEY, CAROLYN
Address: 559 NE BLUE SPRINGS CHURCH RD
City-St-Zip: LEE, FL 32059

Title: T () Delete
Name: COOLEY, RAYMOND
Address: 359 NE BLUE SPRINGS CHURCH RD
City-St-Zip: LEE, FL 32059

Title: D () Delete
Name: RICK, QUAKERBUSH REV.
Address: P.O. BOX 38
City-St-Zip: LEE, FL 32059

Title: BM () Delete
Name: RAY, JAMES
Address: 3420 HWY 360 LN/ POB 763
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH O. MCCLUNG SR.

VPOD

01/07/2009

Electronic Signature of Signing Officer or Director

Date