

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004422

FILED  
Jan 19, 2010  
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:**

799C SW PINCKNEY ST  
MADISON, FL 32340 US

**New Mailing Address:**

**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  
Name: BARFIELD, MOSLEY L  
Address: 196 NE BALM ST  
City-St-Zip: MADISON, FL 32340

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

Title: SAOD  
Name: ANDERSON, KIM R  
Address: P.O. BOX 551  
City-St-Zip: LEE, FL 32059

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MOSLEY LEE BARFIELD

P

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date