

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004422

FILED
Jan 19, 2012
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 (X)

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: COOLEY, RAY W
Address: P.O. BOX 551
City-St-Zip: LEE, FL 32059

Title: S
Name: COOLEY, CAROLYN J
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: JOE MCCLUNG

VPOD

01/19/2012

Electronic Signature of Signing Officer or Director

Date