

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

DOCUMENT # *N9800004422*
1. Entity Name
Consolidated Christian Ministries, Inc.



FILED

13 FEB 14 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600244341066
02/04/13--01058--010 **\$1.25

CR2E037B (8/05)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>799C SW Pinkney St.</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Madison</i>		City & State	
Zip <i>32340</i>	Country <i>U.S.A.</i>	Zip	Country

4. FEI Number <i>N98000004422</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Raymond Cooley</i>
Street Address (P.O. Box Number is Not Acceptable) <i>599 NE Blue Springs Church Rd.</i>
City <i>Lee</i>
State FL
Zip Code <i>32059</i>

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 *Raymond Cooley* DATE *1-30-13*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended AR**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Director, Secretary	Raymond Cooley	599 NE Blue Springs Church Rd.	Lee, FL 32059				
Secretary	Carolyn Cooley	599 NE Blue Springs Church Rd.	Lee, FL 32059				
President of the Board	James Ray	P.O. Box 763 Hwy 360	Madison, FL 32341				
Vice-President of the Board	Joe Mc Clung	353 S.E. Mann Way	Lee, FL 32059				
Board Member	Danny Burnham	P.O. Box 644	Madison, FL 32341				
Board Member	Lola McGhee	133 Arm Wood Terrace	Madison, FL 32340				

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IN THIS SPACE**

FEB 14 2013

R. HUNT

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond Cooley* DATE *1-30-13* (850) 973-6208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #