2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006172

1. Entity Name
CHRISTIANS ON A MISSION, INC.

Principal Place of Business	Mailing Address
995 BATES RD HAINES CITY, FL 33844	995 BATES RD HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

03102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3580075

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGLIN, MARYE
609 N 4TH STREET
HAINES CITY, FL 33844

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANGLIN, MARYE
STREET ADDRESS	995 BATES RD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	V
NAME	ODUM, KERRI FELICIA
STREET ADDRESS	705 N 4 STREET
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D
NAME	SMITH, ADRIAN
STREET ADDRESS	1360 BATES ROAD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	TD
NAME	BABERS, JANET
STREET ADDRESS	221 N 13 STREET
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/05-80043-013 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marye Anglin 3/12/05 (863) 604-4591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #