


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004758**

1. Entity Name  
 CHRISTIAN INSTITUTE OF ARTS & SCIENCES, INC.



Principal Place of Business  
 6100-H W. FAIRFIELD DR.  
 PENSACOLA, FL 32506

Mailing Address  
 2012 NORTH 61ST AVE  
 PENSACOLA, FL 32506-3462



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3607032

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JULIE B  
 2012 NORTH 61ST AVE  
 PENSACOLA, FL 32506-3462

**DO NOT WRITE IN THIS SPACE**

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 resetting)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, JULIE B 2012 N 61 AVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, D. PATRICK 2012 N 61 AVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, MARY B 2012 N 61 AVE. PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000258706  
 03/10/05-80053-001 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Julie B. Jones* Julie B. Jones *3/5/05* (850) 380-7519 *cell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #