

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002486

**Entity Name:** CAMBODIAN CHRISTIAN ARTS MINISTRY, INC.**Current Principal Place of Business:**892 SOUND HARBOR CIRCLE  
GULF BREEZE, FL 32563**Current Mailing Address:**P.O. BOX 2918  
LOVELAND, CO 80539 US**FEI Number:** 01-0726882**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARGER, JOANNA  
892 SOUND HARBOR CIRCLE  
GULF BREEZE, FL 32563 US*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**Officer/Director Detail :**

Title	D
Name	MICHELOTTI, JOY
Address	4 OAK BROOK E LN
City-State-Zip:	BREVARD NC 28712

Title	D
Name	KIM, NOREN V
Address	4 OAK BROOK E LN
City-State-Zip:	BREVARD NC 28712

Title	D
Name	CRABBE, MARTHA B
Address	4 OAK BROOK E LANE
City-State-Zip:	BREVARD NC 28712

Title	D
Name	TY, SOPHUN
Address	4 OAK BROOK EAST LANE
City-State-Zip:	BREVARD NC 28712

Title	DT
Name	WILSON, DEEANN
Address	428 ELDER COURT
City-State-Zip:	LOVELAND CO 80538

*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:** MARTHA B. CRABBE**SECRETARY****01/23/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date