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: DEEANN WILSON

Electronic Signature of Signing Officer/Director Detail

Name and	Address of Current Registered A	gent:		
	RRY BOROUGH RD. DA, FL 33983 US			
The above name	ed entity submits this statement for the purpose o	of changing its registered office or re	egistered agent, or both, in the S	
SIGNATURE: LARRY MARTIN				
	Electronic Signature of Registered Age	ent		
Officer/Dire	ector Detail :			
Title	PRESIDENT	Title	DIRECTOR	
Name	MICHELOTTI, JOY	Name	KIM, NOREN V	

Address

Title

Title

I

Name

Address

Name

Address

City-State-Zip:

P.O. BOX 2918

Na

428 ELDER CT.

WILSON, DEEANN 428 ELDER CT.

DIRECTOR

City-State-Zip: CANTONMENT FL 32533

LOVELAND CO 80538

CRABBE, MARTHA

610 HANLEY DOWNS DRIVE

SECRETARY, TREASURER

City-State-Zip: LOVELAND CO 80538

The State of Florida.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200002486

Entity Name: CAMBODIAN CHRISTIAN ARTS MINISTRY, INC.

Current Principal Place of Business:

2225 PETERBOROUGH RD. PUNTA GORDA, FL 33983

Current Mailing Address:

LOVELAND, CO 80539 US

FEI Number: 01-0726882

Certificate of Status Desired: No

Name KIM, NOREN V Address 428 ELDER CT. City-State-Zip: LOVELAND CO 80538 Title DIRECTOR Name WILSON, KELSEY LYNN Address 428 ELDER CT. City-State-Zip: LOVELAND CO 80538

04/05/2020

Date

FILED Apr 05, 2020 Secretary of State 2980641913CC

04/05/2020 Date

SEC./TREAS.