

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N34814

**Jan 20, 2023**

**Entity Name:** CHRISTIAN MINISTRIES, INC.

**Secretary of State  
4685103278CC**

**Current Principal Place of Business:**

501 COMMENDENCIA STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

**FEI Number: 59-2974560**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DANIEL, J. NIXON III  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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            PRESIDENT  
Name            DANIEL, J. NIXON III  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            NAPIER, PHILIP A  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            GOWING, ROBERT  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            SHELL, STEVE  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            HUTCHINSON, JOHN  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            GREENE, BOB  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            TURNER, ALLEN  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

Title            DIRECTOR  
Name            MARTIN, RON  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

**Continues on page 2**

*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: RON MARTIN**

**DIRECTOR**

**01/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BOYD, MICHELLE  
Address        501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502