above, or on an attachment with all other like empowered. SIGNATURE: RON MARTIN DIRECTOR

City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR	Title	DIRECTOR
Name	HUTCHINSON, JOHN	Name	GREENE, BOB
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STR
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR	Title	DIRECTOR
Name	TURNER, ALLEN	Name	MARTIN, RON
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STR
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502

FEI Number: 59-2974560

DOCUMENT# N34814

501 COMMENDENCIA STREET PENSACOLA, FL 32502

Current Mailing Address:

501 COMMENDENCIA STREET PENSACOLA, FL 32502 US

Name and Address of Current Registered Agent:

Entity Name: CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

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.

Title

SIGNATURE:

Title

Electronic Signature of Registered Agent

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

PRESIDENT

Name	DANIEL, J. NIXON III	Name	NAPIER, PHILIP A
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR	Title	DIRECTOR
Name	GOWING, ROBERT	Name	SHELL, STEVE
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR	Title	DIRECTOR
Name	HUTCHINSON, JOHN	Name	GREENE, BOB
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR	Title	DIRECTOR
Name	TURNER, ALLEN	Name	MARTIN, RON
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502	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

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

DIRECTOR

02/01/2021

FILED Feb 01, 2021 Secretary of State 8354917437CC

Date

Officer/Director Detail Continued :

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