2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004422

Entity Name: CONSOLIDATED CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

799C SW PINCKNEY ST MADISON, FL 32340

Current Mailing Address:

799C SW PINCKNEY ST MADISON, FL 32340 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

COOLEY, RAYMOND W. OPERATIONS DIRECTOR 599 NE BLUE SPRINGS CHURCH RD LEE, FL 32059 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.

SIGNATU	JRE: RAYMOND W. COOLEY			03/03/2016
	Electronic Signature of Registered Agent			Date
Officer/D	irector Detail :			
Title	DS	Title	D	

Title	DS	Title	D
Name	COOLEY, RAYMOND	Name	COOLEY, CAROLYN SECRETARY
Address	599 NE BLUE SPRINGS CHURCH RD	Address	599 NE BLUE SPRINGS CHURCH RD
City-State-Zip:	LEE FL 32059	City-State-Zip:	LEE FL 32059
Title		Title Name	VPOB MCCLUNG, JOE J VICE-PRESIDENT
Name	RAY, JAMES PRESIDENT OF BOARD	Name	OF BOARD
Address	P.O. BOX 763 HWY 360	Address	353 S.E. HANN WAY
City-State-Zip:	MADISON FL 32341	City-State-Zip:	LEE FL 32059
Title	ВМ	Title	BOARD MEMBER
Name	MCGHEE, LOLA BOARD MEMBER	Name	BROWN, DEBORAH BOARD MEMBER
Address	133 ARM WOOD TERRACE	Address	135 NE DILL ST.
City-State-Zip:	MADISON FL 32340	City-State-Zip:	MADISON FL 32340
Title	BOARD MEMBER	Title	BOARD MEMBER
Name	SANDERS, TIM	Name	WILLIAMS, RUSSELL
Address	239 SW MEETING ST.	Address	8515 E US HWY 90
City-State-Zip:	MADISON FL 32340	City-State-Zip:	LEE FL 32059

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: RAYMOND COOLEY

OPERATIONS DIRECTOR 03/03/2016

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

FILED Mar 03, 2016 Secretary of State CC6546164589

Date

Officer/Director Detail Continued :

Title	BOARD MEMBER	Title	BOARD MEMBER
Name	ANDERSON, CLENT	Name	ANDERSON, SUE
Address	PO BOX 9391	Address	PO BOX 9391
City-State-Zip:	LEE FL 32059	City-State-Zip:	LEE FL 32059
Title	BOARD MEMBER	Title	BOARD MEMBER
Title Name	BOARD MEMBER WEBB, ARLIE	Title Name	BOARD MEMBER MCCLUNG, JODY
Name	WEBB, ARLIE	Name	MCCLUNG, JODY