

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004422

**FILED**  
**Mar 14, 2018**  
**Secretary of State**  
**CC6221785928**

**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

**Certificate of Status Desired:** Yes

**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.*

**SIGNATURE:** RAYMOND W. COOLEY

03/14/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DS  
Name COOLEY, RAYMOND  
Address 599 NE BLUE SPRINGS CHURCH RD  
City-State-Zip: LEE FL 32059

Title D  
Name COOLEY, CAROLYN SECRETARY  
Address 599 NE BLUE SPRINGS CHURCH RD  
City-State-Zip: LEE FL 32059

Title POTB  
Name RAY, JAMES PRESIDENT OF BOARD  
Address P.O. BOX 763 HWY 360  
City-State-Zip: MADISON FL 32341

Title VPOB  
Name MCCLUNG, JOE J VICE-PRESIDENT OF BOARD  
Address 353 S.E. HANN WAY  
City-State-Zip: LEE FL 32059

Title BM  
Name MCGHEE, LOLA BOARD MEMBER  
Address 133 ARM WOOD TERRACE  
City-State-Zip: MADISON FL 32340

Title BOARD MEMBER  
Name BROWN, DEBORAH BOARD MEMBER  
Address 135 NE DILL ST.  
City-State-Zip: MADISON FL 32340

Title BOARD MEMBER  
Name SANDERS, TIM  
Address 239 SW MEETING ST.  
City-State-Zip: MADISON FL 32340

Title BOARD MEMBER  
Name WILLIAMS, RUSSELL  
Address 8515 E US HWY 90  
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 W. COOLEY

**DIRECTOR OF OPERATIONS**

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name WEBB, ARLIE  
Address 9676 CR. CTY RD 53  
City-State-Zip: MADISON FL 32340

Title BOARD MEMBER  
Name MCCLUNG, JODY  
Address 3353 SE HAHN WAY  
City-State-Zip: LEE FL 32059