


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90102 017 \*\*\*\*61.25

<b>DOCUMENT # 769848</b> 1. Entity Name <b>CHRISTIAN 12 STEP MINISTRY, INC.</b>			
Principal Place of Business <b>415 NW FIRST AVE. OCALA, FL 34475 US</b>		Mailing Address <b>PO BOX 4321 OCALA, FL 34478 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2331714</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>GEISEL, RAY 3301 SE 41ST PLACE OCALA, FL 34480-7229</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEISEL, RAY 3301 SE 41ST PLACE OCALA, FL	<input type="checkbox"/> Delete	D Phillip Fisher 4680 SW 22 <sup>nd</sup> Place Ocala, FL. 34474
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, KENT 2902 SE 27TH COURT OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	D Ernestine Porter 1618 NE 21 <sup>st</sup> Street Ocala, FL. 34470
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEISEL, RITA 3301 SE 41ST PLACE OCALA, FL	<input type="checkbox"/> Delete	D Dr. Ralph Spiller 16571 SE 95 <sup>th</sup> Court Summerfield, FL. 34491
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROST, PATRICIA 14586 SE 139TH PL OCALA, FL 31233	<input type="checkbox"/> Delete	D Bob Tidwell 15109 SE 73 <sup>rd</sup> St. Summerfield, FL. 34491
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARRET, JIMMY SR 6525 SW 138TH TERR OCALA, FL 34481	<input type="checkbox"/> Delete	D John Meyer 525 SE 45 Terrace Ocala, FL. 34471
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u>Ray Geisel</u> <b>RAY GEISEL, PRES</b> 4/17/06 352-732-0877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			