


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90013 039 ****70.00

DOCUMENT # 810258	
1. Entity Name CHRISTIAN MISSIONS INCORPORATED	

Principal Place of Business 1800 SHARONDALE DR CLEARWATER FL 33775 US	Mailing Address P.O. BOX 16625 CLEARWATER FL 33766-6495 US
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2. Principal Place of Business 3495 HOFFMAN ST Suite, Apt. #, etc. H-21	3. Mailing Address P.O. Box 983 Suite, Apt. #, etc.
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City & State PENNEY FARMS FL	City & State PENNEY FARMS, FL
Zip 33079	Country CLAY



MOORE CR2E037 (11/03)

4. FEI Number 59-2149193	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOSTROM, JOHN D 1927 JUNE BELLS DR CLEARWATER FL 33775 33755
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BOSTROM, PAUL M	
STREET ADDRESS 1800 SHARONDALE DR	
CITY-ST-ZIP CLEARWATER FL 33755	
TITLE SD	<input type="checkbox"/> Delete
NAME BOSTROM, MARY	
STREET ADDRESS 1800 SHARONDALE DR	
CITY-ST-ZIP CLEARWATER FL 33755	
TITLE TD	<input type="checkbox"/> Delete
NAME MESSER, ELIZABETH	
STREET ADDRESS 1800 SHARONDALE DR	
CITY-ST-ZIP CLEARWATER FL 33755	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Same	
STREET ADDRESS 3495 HOFFMANS ST. H-21	address only
CITY-ST-ZIP PENNEY FARMS, FL 33079	
TITLE Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Same	
STREET ADDRESS 3495 HOFFMAN ST. H-21	address only
CITY-ST-ZIP PENNEY FARMS, FL 33079	
TITLE Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Same	
STREET ADDRESS 3495 HOFFMA ST H-21	address only
CITY-ST-ZIP PENNEY FARMS, FL 33079	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Paul M Bostrom, pres. 2/17/04 904-284-8253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #