

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000603

1. Entity Name
CHRISTIAN APPALACHIAN PROJECT, INC.



Principal Place of Business
322 CRAB ORCHARD ROAD
LANCASTER, KY 40446-0001

Mailing Address
322 CRAB ORCHARD ROAD
LANCASTER, KY 40446-0001

FILED
Aug 18, 2008 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0661137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MILLS, WILLIAM
STREET ADDRESS 322 CRAB ORCHARD ROAD
CITY-ST-ZIP LANCASTER, KY 404460001

TITLE V
NAME SWORD, CAROL SUE
STREET ADDRESS 322 CRAB ORCHARD ROAD
CITY-ST-ZIP LANCASTER, KY 404460001

TITLE T
NAME MINK, GREG A
STREET ADDRESS 322 CRAB ORCHARD ROAD
CITY-ST-ZIP LANCASTER, KY 404460001

TITLE S
NAME JORDAN, GLORIA
STREET ADDRESS 322 CRAB ORCHARD ROAD
CITY-ST-ZIP LANCASTER, KY 404460001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000357823
08/18/08-80003-017 550.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/08

Date

859-249-0635

Daytime Phone #