

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006176

FILED
Apr 13, 2009
Secretary of State

Entity Name: CHRISTIAN FINANCIAL MINISTRIES, INC.

Current Principal Place of Business:

302 OLD CLAY STREET, SUITE FIVE
MARIETTA, GA 30060

New Principal Place of Business:

Current Mailing Address:

302 OLD CLAY STREET, SUITE FIVE
MARIETTA, GA 30060

New Mailing Address:

FEI Number: 77-0250776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUDER, ROBERT
Address: 4265 ARBOR CLUB DRIVE
City-St-Zip: MARIETTA, GA 30066

Title: D () Delete
Name: GRODD, LYNDIA
Address: 1969 N. WOODS DRIVE
City-St-Zip: MARIETTA, GA 30066

Title: D () Delete
Name: HUNT, BRIAN
Address: 4805 BISHOP CREEK COURT
City-St-Zip: MARIETTA, GA 30062

Title: D () Delete
Name: LOUDER, DEBBIE
Address: 4265 ARBOR CLUB DRIVE
City-St-Zip: MARIETTA, GA 30066

Title: D () Delete
Name: FOWLER, NED
Address: 6500 EAST CHURCH STREET
City-St-Zip: DOUGLASVILLE, GA 30134

Title: D () Delete
Name: STALEY, TERESA
Address: 4616 ROWELL ROAD NE
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REV. ROBERT B. LOUDER SR.

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date