


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91064 019 \*\*\*\*70.00

<b>DOCUMENT # N00000000567</b> 1. Entity Name <b>CHRIST IS ACTION MINISTRY, INC.</b>					
Principal Place of Business <b>742 COUNTY LINE ROAD HASTINGS, FL 32145</b>			Mailing Address <b>PO BOX 664 WELAKA, FL 32193</b>		
2. Principal Place of Business <b>1216 Hwy 17 S.</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Satsuma, FLA.</b>		City & State _____		4. FEI Number <b>59-3626040</b>	
Zip <b>32193</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACKSON, LISA 1412 BRYANT AVE. WELAKA, FL 32193</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</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 <b>DC</b>	NAME <b>JACKSON, LEROY</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>1412 BRYANT AVE.</b>	CITY-ST-ZIP <b>WELAKA, FL 32193</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>DC</b>	NAME <b>JACKSON, LISA</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>1412 BRYANT AVE.</b>	CITY-ST-ZIP <b>WELAKA, FL 32193</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b>	NAME <b>JACKSON, WILLIE MAE</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>602 N 9TH STREET</b>	CITY-ST-ZIP <b>PALATKA, FL 32177</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
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 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.					
<b>SIGNATURE:</b> <i>Lisa D. Jackson</i> <b>LISA D. JACKSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-28-04</b> <small>Date</small>		<b>386 467-8022</b> <small>Daytime Phone #</small>