


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90002 044 ****70.00

DOCUMENT # N00000003260 1. Entity Name CHRISTIAN CONVERTS FOR CHRIST MINISTRIES, INC.					
Principal Place of Business 12001 SW 218 STREET GOULDS FIA, FL 33170			Mailing Address 151 SE 8 STREET HOMESTEAD, FL 33030		
2. Principal Place of Business <i>11500 S.W. 220st.</i>		3. Mailing Address <i>151 S.E. 8st # 219</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 219</i>			
City & State <i>Goulds FL</i>		City & State <i>Homestead FL</i>		4. FEI Number 65-1009077	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip <i>33170</i>		Country <i>U.S.</i>		Zip <i>33030</i>	
Country <i>U.S.</i>		Country <i>U.S.</i>			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNELL, MARION 51 NW 1ST #5 HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRENCE, LATRESA 19038 SW 112 PLACE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE <i>S</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Teresa D. Parnell</i> <i>151 S.E. 8st # 219</i> <i>Homestead FL 33030</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNELL, JOANNE 12140 SW 202ST APT 3102 MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNELL, JOANNE 12140 SW 202ST APT 3102 MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNELL, JOANNE 12140 SW 202ST APT 3102 MIAMI, FL 33177	<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.					
SIGNATURE: <i>Marion Parnell</i>				Date: _____ Daytime Phone #: <i>(786) 344-4152</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	