

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000005618**

**1. Entity Name**  
**CHRISTIAN HOUSE MINISTRIES, INC.**



**Principal Place of Business**  
**3331 SW SUNSET TRACE CIRCLE**  
**PALM CITY, FL 34990**

**Mailing Address**  
**PO BOX 1166**  
**PALM CITY, FL 34991**

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**65-1031529**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**GOOD, ALAN D**  
**3331 SW SUNSET TRACE CIRCLE**  
**PALM CITY, FL 34990**

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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**

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**



**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DCT**  
**GOOD, ALAN D**  
**3331 SW SUNSET TRACE CIRCLE**  
**PALM CITY, FL 34990**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**GOOD, JANET M**  
**3331 SW SUNSET TRACE CIRCLE**  
**PALM CITY, FL 34990**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000007634  
01/20/04-80031-018 61.25

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IN THIS SPACE**

**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**

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

**ALAN D. GOOD DCT**

**1-14-2004**

**772-285-9605**

*Date*

*Daytime Phone #*