

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 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



01312006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000433604  
02/24/06-80025-007 61.25

10. OFFICERS AND DIRECTORS

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

**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 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: Alan D. Good

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-06

Date

(772) 221-3673

Daytime Phone #