

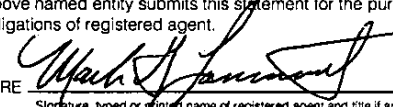
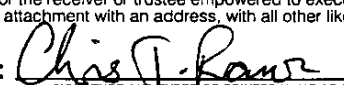


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90053 011 ****61.25

DOCUMENT # N00000005663 1. Entity Name CHRIST IS THE ANSWER MINISTRIES, INC.					
Principal Place of Business 762 HOLBROOK CIRCLE LAKE MARY, FL 32746				Mailing Address P O BOX 953696 LAKE MARY, FL 32795-3696	
2. Principal Place of Business P.O. Box 953696 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 953696 Suite, Apt. #, etc.			
City & State Lake Mary, FL 32795		City & State Lake Mary, FL 32795		4. FEI Number 59-3667070	
Zip 32795		Zip 32795		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLENTINO, MAYA 313 DIRKSEN DRIVE A-10 DEBARY, FL 32173				7. Name and Address of New Registered Agent Name Mark Lammert Street Address (P.O. Box Number is Not Acceptable) 410 MacGregor Road City Winter Springs FL Zip Code 32708	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  Mark G. Lammert <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 1/20/2006 <small>DATE</small> </div> </div>					
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	DC FRANZ, CHRISTOPHER J 437 MAINSAIL CRT LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC Franz, Christoph P.O. Box 953696 Lake Mary, FL 32795	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC DE GROOT, PATRICK KORENBLOEMSTR 6 3202 BN SPIJKENISSE HOLLAND,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SCHLEIER, MATTHIAS 102 GULF BLVD #306 INDIAN ROCKS BCH, FL 33785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<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:  CEO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-20-06 407 260 1011 <small>Date Daytime Phone #</small>		