

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000005663
 1. Entity Name
CHRIST IS THE ANSWER MINISTRIES, INC.



Principal Place of Business
**P.O. BOX 953696
 LAKE MARY, FL 32795**

Mailing Address
**P.O. BOX 953696
 LAKE MARY, FL 32795**

DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3667070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAMMERT, MARK
 410 MACGREGOR RD
 WINTER SPRINGS, FL 32708**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

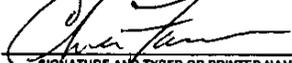
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FRANZ, CHRISTOPHER J P.O. BOX 953696 LAKE MARY, FL 32795
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC DE GROOT, PATRICK KORENBLOEMSTR 6 3202 BN SPIJKENISSE HOLLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHLEIER, MATTHIAS 102 GULF BLVD #306 INDIAN ROCKS BCH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/07-80079-024 61.25

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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:  **Christopher J. Franz** 1/19/07

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #