

**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**



01062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Franz 1/19/07

Date

Daytime Phone # _____