

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 05, 2005  
Secretary of State

DOCUMENT# N01000004215

Entity Name: CHRISTWAY MINISTRIES, INC.

**Current Principal Place of Business:**

389 SEAWANE CIRCLE  
AUBURNDALE, FL 338235800

**New Principal Place of Business:**

2219 BROXTON PLACE  
THE VILLAGES, FL 321623370 US

**Current Mailing Address:**

389 SEAWANE CIRCLE  
AUBURNDALE, FL 338235800

**New Mailing Address:**

2219 BROXTON PLACE  
THE VILLAGES, FL 321623370

FEI Number: 23-3083580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, DAVID W  
555 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMPSON, MILO  
Address: 389 SEWANE CIRCLE  
City-St-Zip: AUBURNDALE, FL 338235800

Title: STD ( ) Delete  
Name: WATERMAN, WADE  
Address: 7831 BROOKS BEND CT.  
City-St-Zip: CANAL WINCHESTER, OH 43110

Title: D ( ) Delete  
Name: REESE, ROBERT  
Address: 1800 COMMERCE AVE #49  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THOMPSON, MILO  
Address: 2219 BROXTON PLACE  
City-St-Zip: THE VILLAGES, FL 321623370 US

Title: STD (X) Change ( ) Addition  
Name: WATERMAN, WADE  
Address: 7831 BROOKS BEND CT.  
City-St-Zip: CANAL WINCHESTER, OH 43110 US

Title: D (X) Change ( ) Addition  
Name: REESE, ROBERT  
Address: 1800 COMMERCE AVE #49  
City-St-Zip: HAINES CITY, FL 33844 US

Title: D ( ) Change (X) Addition  
Name: PHELPS, RUSSELL  
Address: 86 OAK ST. (PO BOX 330)  
City-St-Zip: BINGHAMTON, NY 13902 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILO THOMPSON

PD

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date