

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-23-2004 90003 009 \*\*\*\*61.25

**DOCUMENT # N01000004390**

1. Entity Name

CHRISTIAN MINISTRY FUNDS, INC.



Principal Place of Business

Mailing Address

6635 WILLOW PARK DRIVE  
NAPLES FL 34109

6635 WILLOW PARK DRIVE  
NAPLES FL 34109

24850 Old 41 Rd; Suite 11

24850 Old 41 Rd; Suite 11

Bonita Springs FL 34135-7087

Bonita Springs FL 34135-7087

2. Principal Place of Business

3. Mailing Address

24850 Old 41 Rd, Suite 11

24850 Old 41 Rd, Suite 11

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (4/04)

City & State

Bonita Springs, FL

City & State

Bonita Springs FL

4. FEI Number

59-3757468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLINS, NOLEN  
2862 MIZZEN WAY  
NAPLES FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

NOLEN ROLLINS, EXECUTIVE DIRECTOR *Nolan Rollins*

6/17/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD  
NAME ROLLINS, NOLEN  
STREET ADDRESS 2862 MIZZEN WAY  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME BIGGS, ROBERT  
STREET ADDRESS 4410A 5TH AVE. SW  
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME HELWEG, MARK  
STREET ADDRESS 5481 COVE CIR.  
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 14632 Beaufort Circle  
CITY-ST-ZIP Naples FL 34103 ☒ Change ☐ Addition

TITLE D  
NAME MUTZ, OZ  
STREET ADDRESS 5119 LAKE-IN-THE-WOODS  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CISKIE, ROGER  
STREET ADDRESS 675 WEST STREET  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CHANDLER, BRUCE  
STREET ADDRESS 530 S. COLLIER BLVD 503  
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Nolan Rollins* NOLEN ROLLINS EXECUTIVE DIRECTOR 6/17/04 239-860 0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #