2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004390

Entity Name: CHRISTIAN MINISTRY FUNDS, INC.

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 24850 OLD 41 RD SUITE 11 BONITA SPRINGS, FL 341357087 **New Mailing Address: Current Mailing Address:** 24850 OLD 41 RD SUITE 11 BONITA SPRINGS, FL 341357087 FEI Number: 59-3757468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROLLINS, NOLEN ROLLINS, NOLEN 9641 RAVEN COURT 2862 MIZZEN WAY US NAPLES, FL 34109 US ESTERO, FL 33928 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: 03/16/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ROLLINS, NOLEN ROLLINS, NOLEN Name: Name: 2862 MIZZEN WAY Address: 9641 RAVEN COURT Address: ESTERO, FL 33928 City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: VD () Delete Title: () Change () Addition BIGGS, ROBERT Name: Name: Address: 4410A 5TH AVE. SW Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: STD () Delete Title: () Change () Addition HELWEG, MARK Name: Name: 14632 BEAUFORT CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: () Delete Title: D Title: () Change () Addition Name: MUTZ. OZ Name: 5119 LAKE-IN-THE-WOODS Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: () Delete Title: () Change () Addition CISKIE, ROGER Name: Name: 675 WEST STREET Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NOLEN ROLLINS PD 03/16/2005

CHANDLER, BRUCE

530 S. COLLIER BLVD 503

MARCO ISLAND, FL 34145

Name:

Address:

City-St-Zip: