

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90027 020 ****61.25

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1. Entity Name
CHERITH CHRISTIAN MINISTRIES, INC.



Principal Place of Business
**4032 SPRUCEWOOD PLACE
LAND O'LAKES, FL 34639**

Mailing Address
**4032 SPRUCEWOOD PLACE
LAND O'LAKES, FL 34639**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1127446

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NASH, ANTHONY E
4032 SPRUCEWOOD PLACE
LAND O'LAKES, FL 34639**

**DO NOT WRITE
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NASH, ANTHONY E
STREET ADDRESS	4032 SPRUCEWOOD PLACE
CITY - ST - ZIP	LAND O'LAKES, FL 34639
TITLE	D
NAME	NASH, JANET SUSAN
STREET ADDRESS	4032 SPRUCEWOOD PLACE
CITY - ST - ZIP	LAND O'LAKES, FL 34639
TITLE	D
NAME	OGBURN, DAVID
STREET ADDRESS	16319 SAMBOURNE LN.
CITY - ST - ZIP	TAMPA, FL 33647
TITLE	D
NAME	GREGORY STRAYER
STREET ADDRESS	703 WILLOW BROOK COURT
CITY - ST - ZIP	LUTZ FL 33549
TITLE	D
NAME	DEBRA STRAYER
STREET ADDRESS	703 WILLOW BROOK COURT
CITY - ST - ZIP	LUTZ FL 33549
TITLE	D
NAME	JAMES BARTON
STREET ADDRESS	4077 PARKWAY BLVD.
CITY - ST - ZIP	LAND O'LAKES FL 34639

**DO NOT WRITE
IN THIS SPACE**

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: ANTHONY E. NASH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/05

813-996-4802