

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01860

FILED
Feb 07, 2007
Secretary of State

Entity Name: CHRISTIAN MINISTRIES INTERNATIONAL OF LEESBURG, INC.

Current Principal Place of Business:

405 ALIBRANDI RD.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

405 ALIBRANDI RD.
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2397568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COKER, CHESTER
405 ALIBRANDI ROAD
LEESBURG, FL 32748 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: COKER, CHESTER,
Address: 405 ALIBRANDI ROAD
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: COKER, LISA L
Address: P.O. BOX 489
City-St-Zip: FRUITLAND PARK, FL 34731 US

Title: STD () Delete
Name: HALLGREN, KAREN V
Address: 135 SLEEPY HOLLOW ROAD
City-St-Zip: LEESBURG, FL 34748

Title: VD () Delete
Name: FANKLIN, JAMES S
Address: 14396 CR 251
City-St-Zip: WEBSTER, FL

Title: D () Delete
Name: FRANKLIN, JENEVA
Address: 14396 CR 257
City-St-Zip: WEBSTER, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BURKE, J.C.
Address: P.O. BOX 398
City-St-Zip: FRUITLAND PARK, FL 34731

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHESTER COKER

PD

02/07/2007

Electronic Signature of Signing Officer or Director

Date