

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01860

FILED  
Feb 16, 2008  
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: D ( ) Delete  
Name: BURKE, J.C.  
Address: P.O. BOX 398  
City-St-Zip: FRUITLAND PARK, FL 34731

**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: VD (X) Change ( ) Addition  
Name: FANKLIN, JAMES S  
Address: 14396 CR 751  
City-St-Zip: WEBSTER, FL 33597

Title: D (X) Change ( ) Addition  
Name: FRANKLIN, JENEVA  
Address: 14396 CR 751  
City-St-Zip: WEBSTER, FL 33597

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

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

02/16/2008

Electronic Signature of Signing Officer or Director

Date