2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2004
Secretary of State

DOCUMENT# N02000000038

Entity Name: CHRISTIAN FAMILY LIFE MINISTRIES, INC.

Current Principal Place of Business:

196 W PINE AVE
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

438 ALONZO DRIVE
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 58-3744955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, THOMAS D IV
438 ALONZO DRIVE
CRESTVIEW, FL 32536

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:	CP	( ) Delete
Name:	TUCKER, THOMAS D IV	
Address:	438 ALONZO DRIVE	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	VCD	( ) Delete
Name:	TUCKER, TERESA N	
Address:	438 ALONZO	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	TD	( ) Delete
Name:	HAY, CHRISTY	
Address:	504 DESOTO CIRCLE	
City-St-Zip:	EGLIN AFB, FL 32512	
Title:	S	( ) Delete
Name:	MADISON, KARECA	
Address:	201 BYRON CT	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	D	( ) Delete
Name:	THOMAS, HENRY	
Address:	501 E ROBINSON	
City-St-Zip:	CRESTVIEW, FL 32536	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	ENGLISH, SHELIA	
Address:	522 NORTH MAIN STREET	
City-St-Zip:	CRESTIEW, FL 32536	
Title:	S	(X) Change ( ) Addition
Name:	FRAZIER, JESSICA	
Address:	522 NORTH MAIN STREET	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	D	(X) Change ( ) Addition
Name:	LASHONDA, HOWARD	
Address:	522 N MAIN STREET	
City-St-Zip:	CRESTVIEW, FL 32536	

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.

SIGNATURE: THOMAS D. TUCKER IV CP 07/03/2004

Electronic Signature of Signing Officer or Director — Date