## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004334

FILED Apr 29, 2004 Secretary of State

Entity Na	me: CHRISTOPHER SIMS MINISTRIES,	INC.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
5664 BRICKENRIDGE CIRCLE ORLANDO, FL 32818			5664 BRECKENRIDGE CIRCLE ORLANDO, FL 32818	
Current N	lailing Address:	New Mailing Addres	New Mailing Address:	
5664 BRICKENRIDGE CIRCLE ORLANDO, FL 32818			5664 BRECKENRIDGE CIRCLE ORLANDO, FL 32818	
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
SIMS, CHRISTOPHER 5664 BRICKENRIDGE CIRCLE ORLANDO, FL 32818		5664 BRECKENRIDG	SIMS, CHRISTOPHER 5664 BRECKENRIDGE CIRCLE ORLANDO, FL 32818	
	e named entity submits this statement for the e of Florida.	ne purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: CHRISTOPHER SIMS			04/29/2004	
	Electronic Signature of Registered	Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete SIMS, CHRISTOPHER 5664 BRICKENRIDGE CIRCLE ORLANDO, FL 32818	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () Delete SIMS, ANGELA 5664 BRICKENRIDGE CIRCLE ORLANDO, FL 32818	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ( ) Delete DAVENPORT, BEVERLY 4418 S LAKE ORLANDO PKWY ORLANDO, FL 32808	Title: Name: Address: City-St-Zip:	( ) 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.

SIGNATURE: CHRISTOPHER SIMS DP 04/29/2004