


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90022 008 ****70.00

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1. Entity Name
 CHRISTOPHER SIMS MINISTRIES, INC.



Principal Place of Business
 5664 BRECKENRIDGE CIRCLE
 ORLANDO, FL 32818

Mailing Address
 5664 BRECKENRIDGE CIRCLE
 ORLANDO, FL 32818

50057137



07032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIMS, CHRISTOPHER
 5664 BRECKENRIDGE CIRCLE
 ORLANDO, FL 32818

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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: *Christopher Sims DP* DATE: *7/11/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIMS, CHRISTOPHER
STREET ADDRESS	5664 BRICKENRIDGE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	DV
NAME	SIMS, ANGELA
STREET ADDRESS	5664 BRICKENRIDGE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	DC
NAME	DAVENPORT, BEVERLY
STREET ADDRESS	4418 S LAKE ORLANDO PKWAY
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	DCFO
NAME	Conway, Sheila
STREET ADDRESS	1610 Columbia Arms circle #232
CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Christopher Sims DP* DATE: *7/11/05* DAYTIME PHONE #: *407-443-1247*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #