


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

DOCUMENT # N03000004334	
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
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50057137



07032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 <u><i>Christopher Sims DP</i></u>	DATE <u>7/11/05</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMS, CHRISTOPHER 5664 BRICKENRIDGE CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIMS, ANGELA 5664 BRICKENRIDGE CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DAVENPORT, BEVERLY 4418 SLAKE ORLANDO PKWY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO Conway, Sheila 1610 Columbia Arms circle #232 Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>Christopher Sims DP</i></u>	DATE <u>7/11/05</u> DAYTIME PHONE # <u>407-443-1247</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	