2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000000156

1. Entity Name
C & M MINISTRIES, INC.

Principal Place of Business	Mailing Address
3111 ZEPP LANE PACE, FL 32571	3111 ZEPP LANE PACE, FL 32571

02012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
61-1466945

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCNAMARA, WILLIAM J
3111 ZEPP LANE
PACE, FL 32571

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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 _____ DATE
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 May 1, 2005

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

U00000216845
02/05/05-80067-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNAMARA, WILLIAM J
STREET ADDRESS	3111 ZEPP LANE
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	CLARK, JIMMIE M
STREET ADDRESS	3790 PARKS ROAD
CITY-ST-ZIP	LEXINGTON, NC 27292
TITLE	D
NAME	MCNAMARA, JENNIFER L
STREET ADDRESS	3111 ZEPP LANE
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	MAYO, WESLEY B
STREET ADDRESS	2829 BETTIS ROAD
CITY-ST-ZIP	GROVER, NC 28073
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: William J McNamara 2-2-05 (850) 994-5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #