

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N04000003316

1. Entity Name

COMMUNION MINISTRIES INTERNATIONAL, INC.



FILED

**Mar 17, 2005 8:00 am
Secretary of State**

03-17-2005 90018 033 ****61.25

Principal Place of Business

1009 AVE I
FORT PIERCE FL 34950

Mailing Address

P.O. BOX 554
OCOEE FL 34761

2. Principal Place of Business

5553 Century 21 Blvd.
Suite, Apt. #, etc.
#256

3. Mailing Address

P. O. Box 554
Suite, Apt. #, etc.

City & State

Orlando, FL.

City & State

OCOEE, FL.

Zip

32807

Country

N. America

Zip

34761

Country

N. America

6. Name and Address of Current Registered Agent

ALLEN, JOHN JR.
1009 AVE I
FORT PIERCE FL 34950

Name

Street Address (P.O. Box Number is Not Acceptable)

5553 Century 21 Blvd. #256

City

Orlando

FL

Zip Code
32807

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

John Allen, Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when restating)

DATE

3/11/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME ALLEN, JOHN JR.
STREET ADDRESS 1009 AVE I
CITY-ST-ZIP FORT PIERCE FL 34950

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

5553 Century 21 Blvd. #256
Orlando, FL. 32807

TITLE D
NAME ALLEN, ERICA E
STREET ADDRESS 1009 AVE I
CITY-ST-ZIP FORT PIERCE FL 34950

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

5553 Century 21 Blvd. #256
Orlando, FL. 32807

TITLE D
NAME REEVES, BETTE J
STREET ADDRESS 921 BARNABY ST., SE
CITY-ST-ZIP WASHINGTON DC 20032

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

John Allen Jr.

3/11/05

4072621-9431

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR