

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04352

FILED
Jan 06, 2005
Secretary of State

Entity Name: CHRISTIAN TRAINING MINISTRIES, INC.

Current Principal Place of Business:

3122 DOWNING AVENUE
SEBRING, FL 338701580

New Principal Place of Business:

Current Mailing Address:

3122 DOWNING AVENUE
SEBRING, FL 338701580

New Mailing Address:

FEI Number: 59-2483802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOWNING, LINDA M
3122 DOWNING AVENUE
SEBRING, FL 338701580 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOWNING, LINDA M
Address: 3122 DOWNING AVENUE
City-St-Zip: SEBRING, FL 338701580

Title: VD () Delete
Name: DOWNING, CHESTER D
Address: 3122 DOWNING AVENUE
City-St-Zip: SEBRING, FL 338701580

Title: ST () Delete
Name: FLOYD, BARBARA
Address: 10105 MUSTANG TRAIL
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: DOWNING, CASEY L
Address: 3915 ELSON AVE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: LOCKETT, EMMA
Address: 104 HAWK AVENUE N.W.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: REEVES, DARLINE
Address: 950 LAKE ANGELO DRIVE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOWNING, CASEY L
Address: 4308 RACHAEL DRIVE
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA M. DOWNING

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date