

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04352

FILED
Jan 17, 2007
Secretary of State

Entity Name: CHRISTIAN TRAINING MINISTRIES, INC.

Current Principal Place of Business:

3122 MANATEE DRIVE
SEBRING, FL 338701580

New Principal Place of Business:

1747 HAWTHORNE DRIVE
SEBRING, FL 33870

Current Mailing Address:

3122 MANATEE DRIVE
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 MANATEE DRIVE
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 MANATEE DRIVE
City-St-Zip: SEBRING, FL 338701580

Title: VD () Delete
Name: DOWNING, CHESTER D
Address: 3122 MANATEE DRIVE
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: 4308 RACHAEL DRIVE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: LUNDY, JAY
Address: 319 ANDERSON STREET N. E.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: LUNDY, JOAN
Address: 319 ANDERSON STREET N. E.
City-St-Zip: LAKE PLACID, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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

01/17/2007

Electronic Signature of Signing Officer or Director

_____ Date