


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N04352**

1. Entity Name  
**CHRISTIAN TRAINING MINISTRIES, INC.**



90037799

Principal Place of Business: 3122 DOWNING AVENUE SEBRING, FL 33870-1580	Mailing Address: 3122 DOWNING AVENUE SEBRING, FL 33870-1580
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-2483802</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$9.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DOWNING, LINDA M 3122 DOWNING AVENUE SEBRING, FL 33870-1580</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

I, the above named entity, submit 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 date if applicable. (NOTE: Registered Agent signature required when missing)

<b>FILE NOW - FEES \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DOWNING, LINDA M 3122 DOWNING AVENUE SEBRING, FL 338701580</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DOWNING, CHESTER D 3122 DOWNING AVENUE SEBRING, FL 338701580</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FLOYD, BARBARA 10106 MUSTANG TRAIL SEBRING, FL 33872</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOWNING, CASEY L 3015 ELSON AVE SEBRING, FL 33872</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOCKETT, EMMA 104 HAWK AVENUE N.W. LAKE PLACID, FL 33852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTINEZ, ZAIDA B. 604 LAKE CLAY DR. SOUTH LAKE PLACID, FL 338525161</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Darline Reeves 950 Lake Angelo Drive Avon Park, FL 33825</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 trustee 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 Linda M. Downing 2/25/03 (863) 314-9195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Linda M. Downing**

CFR2007 (10/02)

*Attachment*  
CHRISTIAN TRAINING MINISTRIES, INC.

Linda M. Downing, President  
3122 Downing Avenue  
Sebring, FL 33870-1580  
(863) 314-9195

90037799  
# 1104 352

February 25, 2003

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

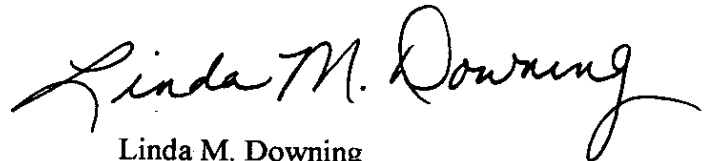
To Whom It May Concern:

Please find enclosed our UBR for 2003. Per your instructions, I downloaded this form. Also enclosed is our check for \$70 for the filing fee plus a Certificate of Status.

I did not receive my packet in the mail this year. I called your office and reported this and verified my name and address.

Please let me know immediately if there is any problem.

Sincerely,



Linda M. Downing  
President

Lmd  
Enc.