

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90142 016 ****70.00

DOCUMENT # N05000003376

1. Entity Name
CHURCH OF CHRIST MINISTRIES INC.



Principal Place of Business
**1544 FOREST HILLS RD.
JACKSONVILLE, FL 32208**

Mailing Address
**1544 FOREST HILLS RD.
JACKSONVILLE, FL 32208**



2. Principal Place of Business - No P.O. Box #
1544 Forest Hill Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-NP CR2E037 (12/06)

City & State

JACKSONVILLE

City & State

4. FEI Number
43-2079355

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KINSEY, JAMES
1544 FOREST HILLS RD.
JACKSONVILLE, FL 32208**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	KINSEY, JAMES	
STREET ADDRESS	1544 FOREST HILLS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	V	<input type="checkbox"/> Delete
NAME	KINSEY, BRENDA	
STREET ADDRESS	1544 FOREST HILLS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	S	<input type="checkbox"/> Delete
NAME	KINSEY, LAURA	
STREET ADDRESS	2119 TUSKEGEE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **James Kinsey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

Daytime Phone #