2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N34814

1. Entity Name

CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
21 SMYRNA RD. SEMINARY MS 39479 US	P.O. BOX 388 SEMINARY MS 39479 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2974560 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIEL, J. NIXON III 4540 BOLEMIA DRIVE PENSACOLA FL 32504	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 (type or printed name of registered agent and title if applicable) (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2006

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NAPIER, JOSEPH	NAME	U00000419156
STREET ADDRESS	PO BOX 388	STREET ADDRESS	02/14/06-80036-005 70.00
CITY-ST-ZIP	SEMINARY MS 39479	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRAY, L. E DR.	NAME	
STREET ADDRESS	1585 E BLOUNT ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DANIEL, J. N III	NAME	
STREET ADDRESS	4540 BOEHMIA DR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NAPIER, DAVID J	NAME	
STREET ADDRESS	P.O. BOX 9469	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32513	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MINTON, DR. JAMES	NAME	
STREET ADDRESS	P.O. BOX 13220, UNIVERSITY OF MOBILE	STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36663	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NAPIER, PHILIP A	NAME	
STREET ADDRESS	1188 JAGUAR CIR	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32563	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [illegible] / JOSEPH NAPIER Hayles Gal 332-4414