

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N34814**

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



Principal Place of Business  
**21 SMYRNA RD.  
SEMINARY, MS 39479 US**

Mailing Address  
**P.O. BOX 388  
SEMINARY, MS 39479 US**



01042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DANIEL, J. NIXON III  
4540 BOLEMIA DRIVE  
PENSACOLA, FL 32504**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
NAPIER, JOSEPH  
PO BOX 388  
SEMINARY, MS 39479**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
GRAY, L. E DR.  
1585 E BLOUNT ST  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DANIEL, J. N III  
4540 BOEHMIA DR  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NAPIER, DAVID J  
P.O. BOX 9469  
PENSACOLA, FL 32513**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MINTON, DR. JAMES  
P.O. BOX 13220, UNIVERSITY OF MOBILE  
MOBILE, AL 36663**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NAPIER, PHILIP A  
1188 JAGUAR CIR  
GULF BREEZE, FL 32563**

000000580427  
01/10/07-80047-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Joseph Napier Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/07*  
Date

*601-722-4141*  
Daytime Phone #