

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34814

FILED
Jan 07, 2009
Secretary of State

Entity Name: CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

21 SMYRNA RD.
SEMINARY, MS 39479 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 388
SEMINARY, MS 39479 US

New Mailing Address:

FEI Number: 59-2974560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANIEL, J. NIXON III
4540 BOLEMIA DRIVE
PENSACOLA, FL 32504 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: NAPIER, JOSEPH
Address: PO BOX 388
City-St-Zip: SEMINARY, MS 39479

Title: STD () Delete
Name: GRAY, L. E DR.
Address: 1585 E BLOUNT ST
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: DANIEL, J. N III
Address: 4540 BOEHMIA DR
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: NAPIER, DAVID J
Address: P.O. BOX 9469
City-St-Zip: PENSACOLA, FL 32513

Title: D () Delete
Name: MINTON, DR. JAMES
Address: P.O. BOX 13220, UNIVERSITY OF MOBILE
City-St-Zip: MOBILE, AL 36663

Title: D () Delete
Name: NAPIER, PHILIP A
Address: 1188 JAGUAR CIR
City-St-Zip: GULF BREEZE, FL 32563

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:

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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 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: JOSEPH NAPIER

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date