


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90087 021 \*\*\*\*61.25

<b>DOCUMENT # N41546</b> 1. Entity Name <b>CHALLENGE MINISTRIES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>C/O ROBERT D. MARTIN P.O. BOX 32344 JACKSONVILLE, FL 32237 US</b>			Mailing Address <b>% ROBERT D. MARTIN P.O. BOX 32344 JACKSONVILLE, FL 32237 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3161660</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTIN, ROBERT D. 9944 HALEY RD. JACKSONVILLE, FL 32257</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTIN, ROBERT D</b>		NAME		
STREET ADDRESS	<b>9944 HALEY RD</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE, FL</b>		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEWIS, ROSELLE</b>		NAME		
STREET ADDRESS	<b>1670 CARTER RD</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ST. AUGUSTINE, FL</b>		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCOLLUM, CARMEL M</b>		NAME		
STREET ADDRESS	<b>4312 SO BEND CIR.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE, FL</b>		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSON, JOSEPH H</b>		NAME		
STREET ADDRESS	<b>4273 SPRINGWOOD RD.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE, FL</b>		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FIORE, MIKE</b>		NAME		
STREET ADDRESS	<b>8101 SOUTHSIDE BLVD #5</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE, FL</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 change or other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/6/06</b> Daytime Phone # _____		