

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41546

FILED
Apr 20, 2007
Secretary of State

Entity Name: CHALLENGE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

C/O ROBERT D. MARTIN
P.O. BOX 32344
JACKSONVILLE, FL 32237 US

New Principal Place of Business:

C/O ROBERT D. MARTIN
5220 SHAD RD.
JACKSONVILLE, FL 32257 US

Current Mailing Address:

% ROBERT D. MARTIN
P.O. BOX 32344
JACKSONVILLE, FL 32237 US

New Mailing Address:

FEI Number: 59-3161660 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTIN, ROBERT D.
9944 HALEY RD.
JACKSONVILLE, FL 32257 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: MARTIN, ROBERT D
Address: 9944 HALEY RD
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: LEWIS, ROSELLE
Address: 1670 CARTER RD
City-St-Zip: ST. AUGUSTINE, FL

Title: S () Delete
Name: MCCOLLUM, CARMEL M
Address: 4312 SO BEND CIR.
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: JOHNSON, JOSEPH H
Address: 4273 SPRINGWOOD RD.
City-St-Zip: JACKSONVILLE, FL

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT D. MARTIN

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date