

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N41546**

1. Entity Name  
**CHALLENGE MINISTRIES INTERNATIONAL, INC.**



Principal Place of Business

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

Mailing Address

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



01182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3161660**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MARTIN, ROBERT D.  
9944 HALEY RD.  
JACKSONVILLE, FL 32257**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, ROBERT D
STREET ADDRESS	9944 HALEY RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	LEWIS, ROSELLE
STREET ADDRESS	1670 CARTER RD
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	S
NAME	MCCOLLUM, CARMEL M
STREET ADDRESS	4312 SO BEND CIR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	JOHNSON, JOSEPH H
STREET ADDRESS	4273 SPRINGWOOD RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000807195  
02/06/08-80073-001 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #