

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004762

FILED
Feb 10, 2004
Secretary of State

Entity Name: CHRISTIAN EDUCATIONAL MINISTRIES, INC.

Current Principal Place of Business:

CHRISTIAN EDUCATIONAL MINISTRIES INC
3508 NW 19 STREET
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 358568
GAINESVILLE, FL 326358568 US

New Mailing Address:

FEI Number: 59-3201145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPPERSON, ALISA S
3508 NW 19 STREET
GAINESVILLE, FL 32605 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: MSPD () Delete
Name: EPPERSON, ALISA S
Address: 15309 NW 89TH ST.
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: BARRAM, ROBERT
Address: 2103 NW 36 TERR
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: HEWITT, RHONDA
Address: 4908 NW 173 ST
City-St-Zip: ALACHUA, FL 326152141

Title: D () Delete
Name: BARKER, WILLIAM
Address: 3905 NW 34 PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: HUGHES, DAVID
Address: 11329 NW 33 AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: THOMAS, GARY
Address: 6003 NW 112 PLACE
City-St-Zip: GAINESVILLE, FL 32653

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:

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 Section 119.07(3)(i), 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: ALISA S. EPPERSON

MSPD

02/10/2004

Electronic Signature of Signing Officer or Director

Date