

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 10, 2004  
Secretary of State**

DOCUMENT# N93000004762

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