

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90070 050 \*\*\*\*61.25



**DOCUMENT # N94000003877**

1. Entity Name

**DOWNEAST CHRISTIAN MINISTRIES, INC.**

Principal Place of Business

P.O. BOX 498  
 PALM CITY FL 34990  
 US

Mailing Address

2164 SW MONTERREY LANE.  
 PORT SAINT LUCIE FL 34953  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-0515924

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BRYAN, TIMOTHY**  
 2500 S KANNER HWY  
 STUART FL 34994

7. Name and Address of New Registered Agent

Name **BRYAN, TIMOTHY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**661 S.W. BAY POINTE CIRCLE**  
 City **PALM CITY** FL Zip Code **34990**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRYAN, TIMOTHY	
STREET ADDRESS	661 S.W. BAY POINTE CIR.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FISH, TEDD	
STREET ADDRESS	1 RODGES STREET	
CITY-ST-ZIP	NASHUA NH 03064	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, GREGG	
STREET ADDRESS	61 NORTH CAUSEWAY SMYRNA CREEK PLAZA	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHENNING, JOHN	
STREET ADDRESS	2164 SW MONTERREY LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John H. Shenning* **JOHN H. SHENNING** **JAN 24, 06** **772-879-4665**