


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004091	
1. Entity Name CHRISTIAN INTERNATIONAL MINISTRIES, INC.	

Principal Place of Business 6963 SYLVAN WOODS DR SANFORD, FL 32771 US	Mailing Address PMB 212 931 N SR 434, STE 1201 ALTAMONTE SPRINGS, FL 32714-7050 US
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DO NOT WRITE IN THIS SPACE



01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3263838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHNSON, LORAN A
215 N EOLA DR
ORLANDO, FL 32801**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDONALD, NEVILLE G 6963 SYLVAN WOODS DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MCDONALD, WENDY A 6963 SYLVAN WOODS DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, FREDDIE L 6963 SYLVAN WOODS DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RAE, DOROTHEA M 6963 SYLVAN WOODS DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/09/04-80014-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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]* **2/2/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #