FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500000370

1. Corporation Name

CHRISTIAN MINISTRY CONCEPTS, INC.

Principal Place of Business 4288 GROVEWOOD LANE TITUSVILLE FL 32780

Mailing Address

P.O. BOX 1822 TITUSVILLE FL 32781

FILED Apr 30, 1999 8:00 am § Secretary of State

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2 Principal P	lace of Business	2a. Mailing Address		<u></u>	3. Date Incorporated or Qualifed	
21	lace of Basilioss	26			01/23/1995	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For	
22			~. 		59-3312553 Not Applicat	
City & State City & State					5. Certificate of Status Desired S8.75 Additional	
28					5. Certificate of Status Desired Fee Required	
Zip	Country	Zip	Countr	y	6. Election Campaign Financing \$5.00 May Be	
24	25 29 30				Trust Fund Contribution Added to Fees	
	9. Name and Address of Curren	t Registered Agent		т	10. Name and Address of New Registered Agent	
ı			8.	t Name	1	
PATZKE. RICHARD W				82 Street Address (P.O. Box Number is Not Acceptable)		
4288 GROVEWOOD LANE			_			
TITUSVILLE FL 32780			83	3	•	
			84	4 City	85 Zip Code	
1			[]	1	FL ° E FL FL FL FL FL FL FL	
office or r	to the provisions of Sections 617.050; registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was auti	norizea pi	v ine como	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
SIGNATURE					DATE	
	Signature, typed or printed name of registered ager		egistered Age	ent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		D DIRECTORS	1.1 TITLE	T	Change Addi	
TITLE	PCD					
NAME	PATZKE, RICHARD W	-	1.2 NAME			
STREET ADDRESS	1		8	ET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780	☐ DELETE	1.4 CITY- 2.1 TITLE	SI-ZIP	☐ Change ☐ Addi	
TITLE	TD	Determ	2.1 MLE			
NAME	PATZKE, CARLA					
STREET ADDRESS			1	ET ADDRESS	·	
CITY-ST-ZIP	TITUSVILLE FL 32780	☐ DELETE	2.4 CITY 3.1 TITLE		☐ Change ☐ Add	
TITLE	D D		3.2 NAME	1		
NAME	CLINE, ARTHUR JR.			ET ADDRESS		
STREET ADDRESS	4010 COQUINA AVENUE					
CITY-ST-ZIP	TITUSVILLE FL 32780	☐ DELETE	3.4. CITY- 4.1 TITLE		Change Add	
TITLE	SD CLINE KAY		4. 2 NAM			
NAME	CLINE, KAY		4	ET ADDRESS	s s	
STREET ADDRESS	1 10 10 10 10 10 10 10 10 10 10 10 10 10		4.3 STRE			
CITY-ST-ZIP	TITUSVILLE FL VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Add	
TITLE	Li		5.1 TILE 5.2 NAME	1		
NAME	HUDGINS, LAMAR			ET ADDRESS	s	
STREET ADDRESS			5.4 CITY-			
CITY-ST-ZIP	TITUSVILLE FL 32796	☐ DELETE	6.1 TITLE		☐ Change ☐ Add	
TITLE	D ANNETTE	- occ. (+	6.2 NAME)		
NAME	HUDGINS, ANNETTE			ET ADDRESS	s	
STREET ADDRESS			6.4 CITY-			
CITY-ST-ZIP	TITUSVILLE FL		0.4 GHY-	31-AF		

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: