

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

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000370

1. Entity Name
CHRISTIAN MINISTRY CONCEPTS, INC.



Principal Place of Business
**4288 GROVEWOOD LANE
TITUSVILLE, FL 32780**

Mailing Address
**P.O. BOX 1822
TITUSVILLE, FL 32781 US**



04202004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3312553

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATZKE, RICHARD W
4288 GROVEWOOD LANE
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000134854
04/28/04-80037-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	PATZKE, RICHARD W
STREET ADDRESS	4288 GROVEWOOD LANE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	TD
NAME	PATZKE, CARLA
STREET ADDRESS	4288 GROVEWOOD LANE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	CLINE, ARTHUR JR.
STREET ADDRESS	4010 COQUINA AVENUE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	SD
NAME	CLINE, KAY
STREET ADDRESS	4010 COQUINA AVENUE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	VD
NAME	HUDGINS, LAMAR
STREET ADDRESS	1881 FRIARS COURT
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D
NAME	HUDGINS, ANNETTE
STREET ADDRESS	1881 FRIARS COURT
CITY-ST-ZIP	TITUSVILLE, FL

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard W. Patzke

4/28/04 321204-0061