

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000370

FILED
Apr 30, 2007
Secretary of State

Entity Name: CHRISTIAN MINISTRY CONCEPTS, INC.

Current Principal Place of Business:

4288 GROVEWOOD LANE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1822
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 59-3312553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATZKE, RICHARD W
4288 GROVEWOOD LANE
TITUSVILLE, FL 32780 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: PCD () Delete
Name: PATZKE, RICHARD W
Address: 4288 GROVEWOOD LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: PATZKE, CARLA
Address: 4288 GROVEWOOD LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: D (X) Delete
Name: CLINE, ARTHUR JR.
Address: 1067 COUNTRY CLUB DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: SD (X) Delete
Name: CLINE, KAY
Address: 1067 COUNTRY CLUB DR.
City-St-Zip: TITUSVILLE, FL

Title: VD () Delete
Name: HUDGINS, LAMAR
Address: 1881 FRIARS COURT
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: HUDGINS, ANNETTE
Address: 1881 FRIARS COURT
City-St-Zip: TITUSVILLE, FL

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: D (X) Change () Addition
Name: HUDGINS, ANNETTE
Address: 1881 FRIARS COURT
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD W PATZKE

PCD

04/30/2007

Electronic Signature of Signing Officer or Director

Date