2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N96000001740

1. Entity Name
CHRISTIAN SUPPORT MINISTRIES, INC.

Principal Place of Business

4191 SAN JUAN AVE.
JACKSONVILLE, FL 32210

Mailing Address

4191 SAN JUAN AVE.
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSH, DAVID M
4191 SAN JUAN AVE.
JACKSONVILLE, FL 32210

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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 _____

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	U00000147440 05/03/04--80105-018 61.25

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUSH, DAVID M
STREET ADDRESS	7969 LE MANS DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DVT
NAME	MORRIS, STEVE
STREET ADDRESS	8336 W HAMDEN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DS
NAME	TAYLOR, TIMOTHY L
STREET ADDRESS	503 PURCELL DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/29/04   (904) 387-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #