


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001740
 1. Entity Name
CHRISTIAN SUPPORT MINISTRIES, INC.



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|---|---|
| Principal Place of Business 4191 SAN JUAN AVE. JACKSONVILLE, FL 32210 | Mailing Address 4191 SAN JUAN AVE. JACKSONVILLE, FL 32210 |
|---|---|



03152005 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000274351
 03/24/05-80006-021 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)(f), 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: D. P. M. Bush 3/21/05 (904) 387-1959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #