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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90200 011 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004964**

1. Corporation Name

**CHRIST CENTERED MINISTRIES, INC.**

Principal Place of Business

353 STACEY RD  
OAK HILL FL 32579

Mailing Address

353 STACEY RD  
OAK HILL FL 32579



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/23/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3432198	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30			

9. Name and Address of Current Registered Agent

RICE, DOUGLAS J  
353 STACEY RD  
OAK HILL FL 32579

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, DOUGLAS J	1.2 NAME	
STREET ADDRESS	353 STACEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL 32579	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JEAN A	2.2 NAME	
STREET ADDRESS	353 STACEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL 32579	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONAS, PRISCILLA	3.2 NAME	
STREET ADDRESS	354 JARDINE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MICHAEL J	4.2 NAME	
STREET ADDRESS	3803 MIDWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31602	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, CHRISTINE J	5.2 NAME	
STREET ADDRESS	3803 MIDWAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31602	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, CHERYL D	6.2 NAME	
STREET ADDRESS	5310 WEIRWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	6.4 CITY-ST-ZIP	

14. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* J. Rice 426-99 904-3450723

Date

Daytime Phone #

CR2E037 (11/98)