2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90028 040 ****61.25

DOCUMENT # N98000004422

1. Entity Name

CONSOLIDATED CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
900 A - SW PINCKNEY ST MADISON FL 32340 US	900 A - SW PINCKNEY ST MADISON FL 32340 US

500007611

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1630103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBINO, FRANK
~~RT 2 BOX 6010~~ 3634 N.E. Colin Kelley Hwy
MADISON FL 32340

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AP RUBINO, FRANK RT. 2 BOX 6010 MADISON FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rubino, Frank 3634 N.E. Colin Kelley Hwy Madison, FL 32340	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPOD MCCLUNG, JOSEPH O SR 352 SE HAHN WAY LEE FL 32059	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clark, Clifford (Director) 132 N.E. Rowena St. Madison FL 32340	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYNES, EDDIE 1208 SE TOMPKINS ST MADISON FL 32340	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Swift, Delores 2443 N.E. Colin Kelley Hwy Madison, FL 32340	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARANDA, BOB RT 3 BOX 1072 MADISON FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director McGhee, Lola 133 Arm Wood Terrace Madison, FL 32340	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICK, QUAKERBUSH REV. P.O. BOX 38 LEE FL 32059	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Barfield, Mosley 196 N.E. Balm Way Madison, FL 32340	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SYLVIA, CATEON 950 SOUTH RANGE ST MADISON FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tim Sanders 300 W. Meeting St. Madison, FL 32340	☐ Change ☒ Addition

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: Joseph O McClung Sr. Joseph O. McClung, Sr. VP, Operations Director 1/25/05 850-973-6208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #