

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90082 031 ****61.25

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1. Entity Name

CONSOLIDATED CHRISTIAN MINISTRIES, INC.



Principal Place of Business

900 A - SW PINCKNEY ST
MADISON FL 32340
US

Mailing Address

900 A - SW PINCKNEY ST
MADISON FL 32340
US

2. Principal Place of Business

3. Mailing Address

New E-911
799-C SW Pinckney St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Madison, FL

Zip

Country

Zip

Country

32340

Madison

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBINO, FRANK
~~RT 2 BOX 6010~~
MADISON FL 32340

New E-911 Address
3634 NE Colin Kelley Hwy.

Name

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

City

FL

Zip Code

B. 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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE P ☐ Delete
NAME RUBINO, FRANK
STREET ADDRESS 3634 NORTHEAST COLIN KELLEY HIGHWAY
CITY-ST-ZIP MADISON FL 32340

TITLE VPOD ☐ Delete
NAME MCCLUNG, JOSEPH O SR
STREET ADDRESS 352 SE HAHN WAY
CITY-ST-ZIP LEE FL 32059

TITLE D ☐ Delete
NAME CLARK, CLIFFORD
STREET ADDRESS 132 NORTHEAST ROWENA STREET
CITY-ST-ZIP MADISON FL 32340

TITLE TD ☐ Delete
NAME ARANDA, BOB
STREET ADDRESS RT 3 BOX 1072
CITY-ST-ZIP MADISON FL 32340

TITLE D ☐ Delete
NAME RICK, QUAKERBUSH REV.
STREET ADDRESS P.O. BOX 38
CITY-ST-ZIP LEE FL 32059

TITLE S ☐ Delete
NAME SYLVIA, CATEON
STREET ADDRESS 950 SOUTH RANGE ST
CITY-ST-ZIP MADISON FL 32340

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Mosely Barfield
STREET ADDRESS 196 NE Balm Way
CITY-ST-ZIP Madison, FL 32340

TITLE D ☐ Change ☒ Addition
NAME Lola McGhee
STREET ADDRESS 133 Arm Wood Terrace
CITY-ST-ZIP Madison, FL 32340

TITLE D ☐ Change ☒ Addition
NAME Deloris Swift
STREET ADDRESS 2443 NE Colin Kelley Hwy
CITY-ST-ZIP Madison, FL 32340

TITLE D ☐ Change ☒ Addition
NAME Alfred Martin
STREET ADDRESS P.O. Box 364
CITY-ST-ZIP Madison, FL 32341-0364

TITLE D ☐ Change ☒ Addition
NAME Tim Sanders
STREET ADDRESS 300 W. Meeting
CITY-ST-ZIP Madison, FL 32340

TITLE ☒ Change ☐ Addition
NAME Sylvia Caton
STREET ADDRESS 108 2nd Place
CITY-ST-ZIP Madison, FL 32340

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 D. McChung, Jr. Vice President, Operations Director 1/24/06* **650-973-6208**