

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90075 008 ****61.25

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1. Entity Name

CONSOLIDATED CHRISTIAN MINISTRIES, INC.



Principal Place of Business

Now 799-C
900 A SW PINCKNEY ST
MADISON FL 32340
US

Mailing Address

799-C SW PINCKNEY ST
MADISON FL 32340
US



2. Principal Place of Business - No P.O. Box #

799C SW PINCKNEY ST

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

MADISON FL

City & State

4. FEI Number

31-1630103

Applied For

Not Applicable

Zip

32340

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBINO, FRANK
3634 NE COLIN KELLEY HWY
MADISON FL 32340

7. Name and Address of New Registered Agent

Name *Mosley Lee Barfield*
Street Address (P.O. Box Number is Not Acceptable)
196 N.E. Balm Way

City *Madison*

FL

Zip Code
32340

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

Mosley Lee Barfield

President Mosley Lee Barfield

1-23-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 CATON, SYLVIA
STREET ADDRESS 108 2ND PL
CITY ST ZIP MADISON FL 32340

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *President* ☐ Change ☒ Addition
NAME *Mosley Lee Barfield*
STREET ADDRESS *196 N.E. Balm Way*
CITY ST ZIP *Madison, FL 32340*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE *Secretary* ☐ Change ☒ Addition
NAME *Gloria Egle Garbutt*
STREET ADDRESS *356 NE Withla Batts Way*
CITY ST ZIP *Lee, FL 32059*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE *Board Member* ☐ Change ☒ Addition
NAME *Mrs. Delores Swift*
STREET ADDRESS *3443 Colin Kelley Hwy.*
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 O. McClung, Sr. Joseph O. McClung, Sr

1/23/07

J-W-T
850-973-6208