

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003629

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CHRISTIAN CONNECTION MINISTRIES, INC.

**Current Principal Place of Business:**

6550 ROYAL PALM BLVD., A-109  
MARGATE, FL 330632141

**New Principal Place of Business:**

6550 ROYAL PALM BLVD., A-109  
MARGATE, FL 330632141 US

**Current Mailing Address:**

6550 ROYAL PALM BLVD., A-109  
MARGATE, FL 330632141

**New Mailing Address:**

FEI Number: 65-0929858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONTALVO, JOHN F JR  
6550 ROYAL PALM BLVD., A-109  
MARGATE, FL 330632141 US

**Name and Address of New Registered Agent:**

MONTALVO, JR, JOHN F DR.  
6550 ROYAL PALM BLVD., A-109  
MARGATE, FL 330632141 US

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.

SIGNATURE: DR. JOHN F. MONTALVO, JR.

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PED ( ) Delete  
Name: MONTALVO, JOHN F JR  
Address: 6550 ROYAL PALM BLVD., A-109  
City-St-Zip: MARGATE, FL 330632141

Title: D ( ) Delete  
Name: GARCIA, LUIS M  
Address: 5725 NW 114TH PATH #111  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: MONTALVO, LYDIA E  
Address: 6631 NW 22ND COURT  
City-St-Zip: MARGATE, FL 330632141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PED (X) Change ( ) Addition  
Name: MONTALVO, JR, JOHN F DR.  
Address: 6550 ROYAL PALM BLVD., A-109  
City-St-Zip: MARGATE, FL 330632141

Title: D (X) Change ( ) Addition  
Name: GARCIA, LUIS M  
Address: 725 NW 129TH PLACE  
City-St-Zip: MIAMI, FL 33182 US

Title: D (X) Change ( ) Addition  
Name: MONTALVO, LYDIA E  
Address: 6631 NW 22ND COURT  
City-St-Zip: MARGATE, FL 330632141 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JOHN F. MONTALVO, JR.

PED

04/30/2008

Electronic Signature of Signing Officer or Director

Date