


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P18293 1. Entity Name CHRISTOLIZED MINISTRIES, INC.		
Principal Place of Business 4547 VILLAGE WOOD DR ORLANDO, FL 32835-2729 US		Mailing Address 4547 VILLAGE WOOD DR ORLANDO, FL 32835-2729 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STRUDWICK, JOHN 457 E NEW ENGLAND AVENUE WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	HAYDEN, DAN	
STREET ADDRESS	4547 VILLAGE WOOD DR	
CITY - ST - ZIP	ORLANDO, FL 328352729	
TITLE	ST	
NAME	HAYDEN, KARILEE A.	
STREET ADDRESS	4547 VILLAGE WOOD DR	
CITY - ST - ZIP	ORLANDO, FL 328352729	
TITLE	D	
NAME	SHRUM, KEITH	
STREET ADDRESS	325 MORNINGWOOD DR	
CITY - ST - ZIP	LEXINGTON, SC	
TITLE	D	
NAME	DUANE E. MATHEWS	
STREET ADDRESS	204 PARK AVENUE	
CITY - ST - ZIP	CLYDE PARK, MT 59018	
TITLE	D	
NAME	STRUDWICK, JOHN	
STREET ADDRESS	457 E NEW ENGLAND AVENUE	
CITY - ST - ZIP	WINTER PARK, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Dan Hayden</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 39-1398723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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01/25/06-80029-014 61.25

1/14/06

Date

Daytime Phone #

DAN HAYDEN, PRES./DIRECTOR