


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P18293</b> 1. Entity Name <b>CHRISTOLIZED MINISTRIES, INC.</b>	
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Principal Place of Business <b>4547 VILLAGE WOOD DR ORLANDO, FL 32835-2729 US</b>	Mailing Address <b>4547 VILLAGE WOOD DR ORLANDO, FL 32835-2729 US</b>
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>STRUDWICK, JOHN 457 E NEW ENGLAND AVENUE WINTER PARK, FL 32789</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

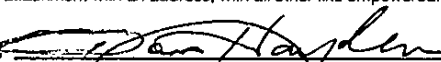
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAYDEN, DAN 4547 VILLAGE WOOD DR ORLANDO, FL 328352729
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HAYDEN, KARILEE A. 4547 VILLAGE WOOD DR ORLANDO, FL 328352729
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHRUM, KEITH 325 MORNINGWOOD DR LEXINGTON, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUANE E. MATHEWS 204 PARK AVENUE CLYDE PARK, MT 59018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRUDWICK, JOHN 457 E NEW ENGLAND AVENUE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DAN HAYDEN</b>	<b>1-24-07 407 290-6737</b> Date Daytime Phone #
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