

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18293

FILED
Jan 20, 2012
Secretary of State

Entity Name: CHRISTOLIZED MINISTRIES, INC.

Current Principal Place of Business:

4547 VILLAGE WOOD DR
ORLANDO, FL 328352729 US

New Principal Place of Business:

Current Mailing Address:

4547 VILLAGE WOOD DR
ORLANDO, FL 328352729 US

New Mailing Address:

FEI Number: 39-1398723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAYDEN, DANIEL R
4547 VILLAGE WOOD DRIVE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HAYDEN, DANIEL R
Address: 4547 VILLAGE WOOD DR
City-St-Zip: ORLANDO, FL 328352729

Title: ST
Name: HAYDEN, KARILEE A
Address: 4547 VILLAGE WOOD DR
City-St-Zip: ORLANDO, FL 328352729

Title: D
Name: ENGLISH, WENDI R
Address: 15482 HOFMA DRIVE
City-St-Zip: GRAND HAVEN, MI 49417

Title: D
Name: HAYDEN, ROBERT D
Address: 6801 BLISS COURT
City-St-Zip: GRANDVILLE, MI 49418

Title: D
Name: SCHURMAN, TOM
Address: 971 HOLLY TREE LANE
City-St-Zip: FOND DU LAC, WI 54935

Title: D
Name: SCHURMAN, DIANE
Address: 339 RIVER BLUFF RD.
City-St-Zip: MOSINEE, WI 54455

I hereby 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 all other like empowered.

SIGNATURE: KARILEE A HAYDEN

ST

01/20/2012

Electronic Signature of Signing Officer or Director

Date