

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011731 (4)

1. Corporation Name

CHRISTIAN FINANCIAL MINISTRIES, INC.

Principal Place of Business

**3422 SW 27TH STREET
OCALA FL 34474**

Mailing Address

**3422 SW 27TH STREET
OCALA FL 34474**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 7552 SW 10340 ST

2a. Mailing Address

26 PO BOX 6979

Suite, Apt. #, etc

Suite, Apt. #, etc

4. FEI Number

59-3223534

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 Ocala, FL

City & State

28 Ocala, FL

24 34476

25 USA

29 34478

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**A
KASPER, JOHN A
3422 SW 27TH STREET
OCALA FL 34474**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, and their qualification)

(NOT: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D A
NAME KASPER, JOHN A
STREET ADDRESS P.O. BOX 6979 N/A
CITY ST ZIP Ocala FL 34478**

**11 TITLE VICE PRESIDENT ☐ Change ☒ Addition
12 NAME TRACI L. KASPER
13 STREET ADDRESS PO BOX 6979
14 CITY ST ZIP Ocala, FL 34478**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added in attachment with an address.

SIGNATURE:

John A. Kaspar TRACI L. KASPAR

4/14/95

904-237-7303