

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34814

FILED
Jan 30, 2024
Secretary of State
1991280306CC

Entity Name: CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

501 COMMENDENCIA STREET
PENSACOLA, FL 32502

Current Mailing Address:

501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

FEI Number: 59-2974560

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANIEL, J. NIXON III
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DANIEL, J. NIXON III
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name NAPIER, PHILIP A
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name GOWING, ROBERT
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name SHELL, STEVE
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name HUTCHINSON, JOHN
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name GREENE, BOB
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name TURNER, ALLEN
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name MARTIN, RON
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

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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: RON MARTIN

DIRECTOR

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOYD, MICHELLE
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502