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

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

# **Officer/Director Detail :**

Title Name	PRESIDENT DANIEL, J. NIXON III	Title Name	DIRECTOR NAPIER, PHILIP A
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR	Title	DIRECTOR
Name	GOWING, ROBERT	Name	SHELL, STEVE
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR	Title	DIRECTOR
Name	HUTCHINSON, JOHN	Name	GREENE, BOB
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR	Title	DIRECTOR
Name	TURNER, ALLEN	Name	MARTIN, RON
Address	501 COMMENDENCIA STREET	Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34814

Entity Name: CHRISTIAN MINISTRIES, INC.

#### **Current Principal Place of Business:**

**501 COMMENDENCIA STREET** PENSACOLA, FL 32502

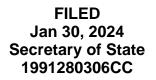
# **Current Mailing Address:**

**501 COMMENDENCIA STREET** PENSACOLA, FL 32502 US

## FEI Number: 59-2974560

# Name and Address of Current Registered Agent:

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



Certificate of Status Desired: No

Date

01/30/2024 Date

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

Continues on page 2

#### **Officer/Director Detail Continued :**

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