

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100497

Entity Name: CHRISTIAN CRAFTERS INTERNATIONAL CORP.**Current Principal Place of Business:**4606 MONUMENT POINT DR.
JACKSONVILLE, FL 32225**Current Mailing Address:**4606 MONUMENT POINT DR.
JACKSONVILLE, FL 32225**FEI Number:** 38-3798765**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AYERS, TIMOTHY M
4606 MONUMENT POINT DR
JACKSONVILLE, FL 32225 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	P, C
Name	AYERS, TIMOTHY M
Address	4606 MONUMENT POINT DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP,S
Name	AYERS, KIM M
Address	4606 MONUMENT POINT DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	AYERS, SPENCER O
Address	4606 MONUMENT POINT DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	WETHINGTON, DE'ANTNE W
Address	4606 MONUMENT POINT DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	AYERS, BRYCE T
Address	3303 N. LAKEVIEW DR. #1913
City-State-Zip:	TAMPA FL 33618

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY AYERS**PRESIDENT****02/08/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date