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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0013051

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753236  
1. Corporation Name  
CHRISTIAN FINANCIAL RESOURCES, INC.

Principal Place of Business: 124 MARCIA DRIVE, ALTAMONTE SPRINGS FL 32714  
Mailing Address: 124 MARCIA DRIVE, ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/03/1980
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2037205
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		6. Certificate of Status Desired
TWADDELL, WILLIAM 124 MARCIA DRIVE ALTAMONTE SPRINGS FL 32714		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TWADDELL, WILLIAM 124 MARCIA DRIVE ALTAMONTE SPRINGS FL 32714		81 Name	DARREN R. KEY
		82 Street Address (P.O. Box Number is Not Acceptable)	124 MARCIA DRIVE
		83	
		84 City	ALTAMONTE SPRINGS FL
		85 Zip Code	32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Darren R. Key SECRETARY DATE: 1-4-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARHART, MIKE	1.2 NAME	RANSOM, H. JAMES
STREET ADDRESS	4640 NW 66TH DRIVE	1.3 STREET ADDRESS	381 HAVERLAKE CIRCLE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	1.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEISENBACH, JOHN	2.2 NAME	TOKAR, CHESTER J.
STREET ADDRESS	3516 BAY TO BAY BLVD.	2.3 STREET ADDRESS	4748 LAKE SHARP DRIVE
CITY-ST-ZIP	TAMPA, FL 33629	2.4 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENZ, ROBERT C.	3.2 NAME	KEY, DARREN R.
STREET ADDRESS	1301 CROWN COURT	3.3 STREET ADDRESS	539 FREEMAN STREET
CITY-ST-ZIP	BLOOMINGTON, IL 61704-8001	3.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	OWENS, WILLIAM G.	4.2 NAME	
STREET ADDRESS	2603 MAITLAND CENTER PKWY, SUITE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ROBERTS, BRUCE	5.2 NAME	
STREET ADDRESS	6009 ROYAL POINCIANA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33312	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WHITE, PAUL	6.2 NAME	
STREET ADDRESS	7960 SW 67TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darren R. Key DATE: 1-4-99 DAYTIME PHONE: 707.788.2475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DARREN R. KEY

CR2E037 (1/198)