

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90003 036 ****70.00

DOCUMENT # 753236

1. Entity Name

CHRISTIAN FINANCIAL RESOURCES, INC.

Principal Place of Business

Mailing Address

124 MARCIA DRIVE
 ALTAMONTE SPRINGS FL 32714

124 MARCIA DRIVE
 ALTAMONTE SPRINGS FL 32714-2913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2037205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00000565



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEY, DARREN R.
124 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RANSOM, H. JAMES	
STREET ADDRESS	381 HAVERLAKE CIRCLE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOKAR, CHESTER J	
STREET ADDRESS	4748 LAKE SHARP DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEY, DARREN R	
STREET ADDRESS	539 FREEMAN STREET	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEARHART, MIKE	
STREET ADDRESS	4640 NW 66TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEISENBACH, JOHN	
STREET ADDRESS	3516 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENZ, ROBERT C	
STREET ADDRESS	1301 CROWN COURT	
CITY-ST-ZIP	BLOOMINGTON IL 61704-8001	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	OWENS, WILLIAM G.	
STREET ADDRESS	1800 PEMBROOK DRIVE, SUITE 280	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	PEPPER, ROSS	
STREET ADDRESS	6 GLENDALE DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	PEWETT, HOUSTON L.	
STREET ADDRESS	4310 METRO PARKWAY, SUITE 120	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	ROBERTS, BRUCE	
STREET ADDRESS	6009 ROYAL POINCIANA LANE	
CITY-ST-ZIP	TAMARAC, FL 33312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	WHITE, PAUL	
STREET ADDRESS	7960 SW 67TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, VAUGHN	
STREET ADDRESS	PO BOX 593545	
CITY-ST-ZIP	ORLANDO, FL 32859-3545	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Darren R Key

1-3-99

407-788-247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #