


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90079 005 ****61.25

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1. Entity Name
CHRISTIAN LAW ASSOCIATION, INC.



Principal Place of Business
PO BOX 4010
SEMINOLE, FL 33775 US

Mailing Address
PO BOX 4010
SEMINOLE, FL 33775 US

40046366



2. Principal Place of Business No P.O. Box #
8100 Park Blvd. #601

3. Mailing Address
P.O. Box 4010

Suite, Apt. #, etc.
601

02012007 Chg-NP CR2E037 (12/06)

City & State
Pinellas Park, FL

City & State
Seminole, FL

Zip
33781

Country
US

Zip
33775

Country
US

4. FEI Number
34-1245065

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBS III, DAVID C ESQ.
GIBBS LAW FIRM, P.A.
5666 SEMINOLE BLVD., STE. 2
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBBS, JR, DAVID C 5666 SEMINOLE BOULEVARD SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUTH, STEVEN M 12137 ORANGE BLOSSOM DRIVE SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKLIN, REX D 12040 74TH AVE N SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, GLORIANNE 5666 SEMINOLE BLVD 2 SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GIBBS III, DAVID C 5666 SEMINOLE BLVD 2 SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, ZACHARY S 13429 LAS PALMAS DRIVE LARGO, FL 33774	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Gibbs, Matthew 559 Johns Pass Ave. Madeira Beach, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David C Gibbs _____
 SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #