

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90018 007 ****61.25

DOCUMENT # N03428

1. Entity Name

CHRISTIAN'S HELP, INC.

Principal Place of Business

Mailing Address

1219 FRANKLIN CIRCLE
 1219 SOUTH FRANKLIN CIRCLE
 CLEARWATER FL 34616-5815
 US

1219 FRANKLIN CIRCLE
 1219 SOUTH FRANKLIN CIRCLE
 CLEARWATER FL 33756-5815
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1219 Franklin Circle

3. Mailing Address

1219 Franklin Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-2422601

Applied For

Not Applied For

Zip

Country

33756-5815

US

Zip

Country

33756-5815

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWN, ROBERT E.
1219 FRANKLIN CIRCLE
CLEARWATER FL 33756-5815

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:
FEI 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CROWN, ROBERT E.	1219 S FRANKLIN CIR	CLEARWATER FL	<input type="checkbox"/>
SDT	MURRAY, MARY LOU	1420 MORROW DRIVE	CLEARWATER FL	<input checked="" type="checkbox"/>
D	WICKMAN, CARL V	899 BAY ESPLANADE	CLEARWATER FL	<input type="checkbox"/>
D	RINARD, PATRICK W	201 HOWARD DR	BELLEAIR BEACH FL	<input type="checkbox"/>
D	CROWN, RONALD C	2 SEASIDE LANE, UNIT 104	BELLEAIR FL 33756	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Robert E. Crown	1219 Franklin Circle	Clearwater, FL 33756-5815	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Mary Lou Murray	1420 Morrow Dr.	Clearwater, FL 33756	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V-P, D	Carl V. Wickman	899 Bay Esplanade	Clearwater, FL 33767	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Patrick W. Rinard	201 Howard Dr.	Belleair Beach, FL 33785	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V-P, D	Ronald C. Crown	2 Seaside Lane, Unit 104	Belleair, FL 33756	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

727/446 3091

Daytime Phone #