


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N03428			
1. Entity Name CHRISTIAN'S HELP, INC.			
Principal Place of Business 1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815 US		Mailing Address 1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 59-2422601	
CROWN, ROBERT E. 1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		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 _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD CROWN, ROBERT E. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1219 FRANKLIN CIRCLE	NAME	
STREET ADDRESS	CLEARWATER FL 33756-5815	STREET ADDRESS	U00000016965 01/28/04-80074-017 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V MURRAY, MARY LOU <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1420 MORROW DRIVE	NAME	
STREET ADDRESS	CLEARWATER FL 33756	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WICKMAN, CARL V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7 MIDWAY ISLAND	NAME	
STREET ADDRESS	CLEARWATER FL 33767	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD RINARD, PATRICK W <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 OSCEOLA ROAD	NAME	
STREET ADDRESS	BELLEAIR FL 33756	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CROWN, KAREN C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 SEASIDE LANE, UNIT 104	NAME	
STREET ADDRESS	BELLEAIR FL 33756	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	I DODSON, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	427 BUTTONWOOD LN	NAME	
STREET ADDRESS	LARGO FL 33770	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert E. Crown, PRESIDENT 1/22/04 727/446-3091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #