

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03428</b> 1. Entity Name <b>CHRISTIAN'S HELP, INC.</b>	
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Principal Place of Business <b>1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815 US</b>	Mailing Address <b>1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815 US</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt # etc	3. Mailing Address Suite, Apt #, etc		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-2422601</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CROWN, ROBERT E. 1219 FRANKLIN CIRCLE CLEARWATER FL 33756-5815</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <b>CROWN, ROBERT E.</b> <b>1219 FRANKLIN CIRCLE</b> <b>CLEARWATER FL 33756-5815</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 000000200017 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/28/05-80009-024 61.25
TITLE	<b>V</b> <b>MURRAY, MARY LOU</b> <b>1420 MORROW DRIVE</b> <b>CLEARWATER FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <b>WICKMAN, CARL V</b> <b>7 MIDWAY ISLAND</b> <b>CLEARWATER FL 33767</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>SD</b> <b>RINARD, PATRICK W</b> <b>801 OSCEOLA ROAD</b> <b>BELLEAIR FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <b>CROWN, KAREN C</b> <b>2 SEASIDE LANE, UNIT 104</b> <b>BELLEAIR FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>I</b> <b>DODSON, JAMES</b> <b>427 BUTTONWOOD LN</b> <b>LARGO FL 33770</b>	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(f), 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: RE Crow Pres 1/27/05 727/446-3091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #