


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 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
---	---



01122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CROWN, ROBERT E. 1219 FRANKLIN CIRCLE CLEARWATER, FL 337565815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MURRAY, MARY LOU 1420 MORROW DRIVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WICKMAN, CARL V 7 MIDWAY ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RINARD, PATRICK W 801 OSCEOLA ROAD BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROWN, KAREN C 2 SEASIDE LANE, UNIT 104 BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DODSON, JAMES 427 BUTTONWOOD LN LARGO, FL 33770

**DO NOT WRITE IN THIS SPACE**

00000598832  
01/25/07-80002-019 61.25

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: Robert E. Crown Pres. JAN 15 2007 727-446-3091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #