1. Entity Nar		CHRISTIAN ATHLETI	es, inc.				(	03 OCT 21 AM I	1:   4	
Principal Place of Business 8701 LEEDS RD. KANSAS CITY MO 64129			Mailing Address 8701 LEEDS RD. KANSAS CITY MO 64129					SECRETARY OF STALLAHASSES, FL	STATE .ORIDA	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<del></del>	PENAGRACHER HEMAKING CHANGES			
City & State		City & State				4. FEI Number 4	4-0610626	C TO A	pliet Form	
Zip	ip Country		Zip	Zip Cou		ry /			\$8.75 Add	ot Applicable ditional
					<u> </u>					d:
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
_CT_CORPORATION SYSTEM						/ Corporation Service Company				
1200 S. PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					=	1201 1				
					/  -	1201 Hays Street				
8. The above named entity submits this statement for the purpose of changing its req						Tallah	Tallahassee FL 32301			
the obligations of the obligation of the obligat	tions of regist	ered agent.  Mundal  or printed name of registe/ed agent	ma		JCA (	SZAda gent signature requires	Asst. Vice	e fresident	10/20	2005
	<u> </u>		0		- negistorou /					
		7: FEE IS \$61.25 2003, min will be \$2		9. Election Cam Trust Fund C	npaign Fina	ancing _	\$5.00 May Be Added to Fees	Make Chec Florida Depa	ck Payable rtment of S	
	tember 10,	: FEE IS \$61.25	236.25	9. Election Carr	npaign Fina	ancing	\$5.00 May Be Added to Fees		rtment of S	State 10
After Sept	tember 10,	7: FEE IS \$61.25 2003, min will be \$2	236.25	9. Election Carr	npaign Fina contribution	ancing	\$5.00 May Be Added to Fees	Florida Depa	rtment of S	State
10. TITLE NAME	C PRICE, NE	7: FEE IS \$61.25 2003, min will be \$2 OFFICERS AND DIE	236.25	9. Election Cam Trust Fund C	npaign Fina contribution 11. TITLE NAME	ancing .	\$5.00 May Be Added to Fees	Florida Depa	rtment of S	State 10
After Sept	C PRICE, NE	FEE IS \$61.25 2003, min will be \$2 OFFICERS AND DIE ELSON L DR VELL STREET	236.25	9. Election Cam Trust Fund C	npaign Fina contribution 11. TITLE NAME	ancing	\$5.00 May Be Added to Fees	Florida Depa	rtment of S	State 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PRICE, NE 774 ROSW	7: FEE IS \$61.25 2003, min will be \$2 OFFICERS AND DIE	236.25	9. Election Cam Trust Fund C	npaign Fina contribution  11.  TITLE  NAME  STREET  CITY-ST	ancing	\$5.00 May Be Added to Fees	Florida Depa	PIRECTORS IN Change	State 10 Addition
10. TITLE NAME STREET ADDRESS	C PRICE, NE	C: FEE IS \$61.25 . 2003, min will be \$2 OFFICERS AND DIF ELSON L DR VELL STREET . GA 30060	236.25	9. Election Cam Trust Fund C	npaign Fina ontribution 11. TITLE NAME STREET	ancing	\$5.00 May Be Added to Fees	Florida Depa	rtment of S	State 10
After Septing  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP.  TITLE  NAME  STREET ADDRESS	C PRICE, NE 774 ROSW MARIETTA VC GAINEY, H 6000 CLAY	C: FEE IS \$61.25 , 2003, min will be \$2 OFFICERS AND DIE ELSON L DR VELL STREET , GA 30060 HARVEY Y AVENUE SW	236.25	9. Election Cam Trust Fund C	npaign Fina contribution  11.  TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESS ZIP	\$5.00 May Be Added to Fees	Florida Depa	PIRECTORS IN Change	State 10 Addition
After Septing  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP.	C PRICE, NE 774 ROSW MARIETTA VC GAINEY, H 6000 CLAY	C: FEE IS \$61.25 , 2003, min will be \$2 OFFICERS AND DIE ELSON L DR VELL STREET , GA 30060	236.25	9. Election Cam Trust Fund C	npaign Fina contribution  11.  TITLE NAME STREET CITY-ST TITLE NAME STREET -CITY-ST	ADDRESS	\$5.00 May Be Added to Fees	Florida Depa	rtment of S  DIRECTORS IN  Change	Addition
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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 an other like empowered.

CITY-ST-ZIP

SIGNATURE:

**CHAMPAIGN IL 61821** 

CITY-ST-ZIP

DOCA ASTREBE QUIPDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (URR)

DOCUMENT # P20469

SHEAL

9/15/2003 816.892-1155

Daytime Phone #

CHZE037 (4/03)