

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 ☐ \$8.75 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 PD
NAME CROWN, ROBERT E.
STREET ADDRESS 1219 FRANKLIN CIRCLE
CITY-ST-ZIP CLEARWATER, FL 337565815

TITLE V
NAME MURRAY, MARY LOU
STREET ADDRESS 1420 MORROW DRIVE
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D
NAME WICKMAN, CARL V
STREET ADDRESS 7 MIDWAY ISLAND
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE SD
NAME RINARD, PATRICK W
STREET ADDRESS 801 OSCEOLA ROAD
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE D
NAME CROWN, KAREN C
STREET ADDRESS 2 SEASIDE LANE, UNIT 104
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE T
NAME DODSON, JAMES
STREET ADDRESS 427 BUTTONWOOD LN
CITY-ST-ZIP LARGO, FL 33770

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01/25/07-80002-019 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15 2007

727-446-3091

Date

Daytime Phone