

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753236

**Entity Name:** CHRISTIAN FINANCIAL RESOURCES, INC.

**Current Principal Place of Business:**

773 STIRLING CENTER PL  
LAKE MARY, FL 32746

**Current Mailing Address:**

PO BOX 951719  
LAKE MARY, FL 32795

**FEI Number: 59-2037205**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KEY, DARREN RCEO  
1185 CYPRESS LOFT PLACE  
LAKE MARY, FL 32746 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO  
Name KEY, DARREN R  
Address 1185 CYPRESS LOFT PLACE  
City-State-Zip: LAKE MARY FL 32746

Title COO  
Name KOCOLOWSKI, MICHAEL  
Address 32605 VIEW HAVEN LANE  
City-State-Zip: SORRENTO FL 32776

Title VP  
Name STEPHENS, TIMOTHY  
Address 2033 ANDERSON DRIVE  
City-State-Zip: SMYRNA GA 30080

Title S  
Name MALDONADO, JOSE M  
Address 109 CALABRIA SPRINGS COVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name PERCIVAL, STAN  
Address 1270 SAWNEE DRIVE  
City-State-Zip: CUMMING GA 30040

Title DIRECTOR  
Name STRASSER, CHUCK  
Address 1316 JOHN ANDERSON DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name MARTIN, ROSS  
Address 1616 EARNEST GRAHAM AVE.  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name LOWEN, EDDIE  
Address 231 GRAY CT.  
City-State-Zip: SPRINGFIELD IL 62711

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DARREN R. KEY**

**C.E.O.**

**04/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LETURGEZ, JOE  
Address        1824 MOUNTAIN ROAD  
City-State-Zip: JOPPA MD 21085