

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003950

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

**Current Principal Place of Business:**

4571 SW OAKHAVEN LANE  
PALM CITY, FL 34990

**Current Mailing Address:**

4571 SW OAKHAVEN LANE  
PALM CITY, FL 34990

**FEI Number:** 65-0805840

**Certificate of Status Desired:** No

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

FISKE, DARRELL N  
4571 SW OAKHAVEN LANE  
PALM CITY, FL 34990 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 D  
Name FISKE, DARRELL N  
Address 4571 SW OAKHAVEN LANE  
City-State-Zip: PALM CITY FL 34990

Title D  
Name POWERS, JOHN R  
Address 263 KING ST  
City-State-Zip: OVIEDO FL 32765

*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:** DARRELL FISKE

**PRESIDENT**

**01/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date