


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

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 721063</b>	
1. Entity Name <b>CHRISTIAN FOUNDATION OF FLORIDA, INC.</b>	
	
Principal Place of Business <b>5521 E HIGHWAY 98 PANAMA CITY, FL 32404</b>	Mailing Address <b>5521 E HIGHWAY 98 PANAMA CITY, FL 32404</b>



01312007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7153904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HARDERS, H.R. 10100 HILLVIEW DR APT 1201 PENSACOLA, FL 32514</b>
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000624008</b> <b>02/14/07 480013-018-61-25</b>
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDERS, H.R. 10100 HILLVIEW RD., APT 1201 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDERS, NANCY 10100 HILLVIEW RD., APT 1201 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDERS, HOLTON H. 2865 TUPELO DRIVE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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.	
--	--

<b>SIGNATURE:</b> <u>Nancy R. Harders</u> <b>NANCY R. HARDERS</b> <b>2-1-07</b> <b>850-857-0226</b>	Date	Daytime Phone
---	------	---------------