2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# 734032

Entity Name: CHRISTIAN FAMILY RADIO, INC.

Current Principal Place of Business:

8145 W. PEBBLE LANE
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

8145 W. PEBBLE LANE
HOMOSASSA, FL 34448 US

New Mailing Address:

FEI Number: 59-1667912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SWARTZ, PETER J
8145 W. PEBBLE LANE
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: SWARTZ, STANLEY,
Address: RT 2 BOX 667
City-St-Zip: LAKE CITY, FL

Title: VD ( ) Delete
Name: KOERNER, SUZANNE
Address: 118 NW 2ND STREET
City-St-Zip: CRLYSTAL RIVER, FL

Title: PD ( ) Delete
Name: SWARTZ, PETER,
Address: 8145 W. PEBBLE LANE
City-St-Zip: HOMOSASSA, FL

Title: T ( ) Delete
Name: SWARTZ, JANET
Address: 8145 W. PEBBLE LANE
City-St-Zip: HOMOSASSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER J SWARTZ PD 05/27/2008
Electronic Signature of Signing Officer or Director — Date