

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743157

FILED
Jan 09, 2006
Secretary of State

Entity Name: CHRISTIAN FAMILY SERVICES, INC.

Current Principal Place of Business:

2720 SW 2ND AVE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

2720 SW 2ND AVE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-2062317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, JESSE
5501 SW 88TH COURT
GAINESVILLE, FL 32608 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: PD () Delete
Name: WILSON, JESSE
Address: 5501 SW 88TH COURT
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: WORLEY, RICK
Address: 1249 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BERRY, TIM
Address: 10452 ASHLEY OAKS DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: GALLOWAY, RONDA
Address: 2068 GRANDVIEW AVENUE S
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: FRISON, LEROY
Address: 1111 SE 20TH ST
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: DILLARD, DAVID
Address: 4412 NW 76TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

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:

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

Title: D (X) Change () Addition
Name: BRUNSON, JIM
Address: 1809 SW 91 STREET
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the 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: JESSE WILSON

PD

01/09/2006

Electronic Signature of Signing Officer or Director

Date