

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743157

FILED  
Jan 19, 2012  
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:**

2720 SW 2ND AVE.  
GAINESVILLE, FL 32607

**Current Mailing Address:**

2720 SW 2ND AVE  
GAINESVILLE, FL 32607

**New Mailing Address:**

2720 SW 2ND AVE.  
GAINESVILLE, FL 32607

**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 T  
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  
Name: WILSON, JESSE T  
Address: 5501 SW 88TH COURT  
City-St-Zip: GAINESVILLE, FL 32608

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

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

Title: D  
Name: PRICE, DON  
Address: 13537 NW 7 ROAD  
City-St-Zip: NEWBERRY, FL 32669

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

Title: D  
Name: BRUNSON, JIM  
Address: 1809 SW 91 STREET  
City-St-Zip: GAINESVILLE, FL 32607

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:** JESSE T. WILSON

PD

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date