

DOCUMENT # 753236

1. Entity Name

CHRISTIAN FINANCIAL RESOURCES, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90004 008 ****70.00

Principal Place of Business

124 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address

124 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2037205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEY, DARREN R.
124 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME OWENS, WILLIAM G
STREET ADDRESS 1800 PEMBROOK DRIVE, SUITE 280
CITY-ST-ZIP ORLANDO FL 32810

TITLE V ☐ Delete
NAME TOKAR, CHESTER J
STREET ADDRESS 4748 LAKE SHARP DRIVE
CITY-ST-ZIP ORLANDO FL 32817

TITLE S ☐ Delete
NAME KEY, DARREN R
STREET ADDRESS 539 FREEMAN STREET
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete
NAME GEARHART, MIKE
STREET ADDRESS 4640 NW 66TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☒ Delete
NAME MEISENBACH, JOHN
STREET ADDRESS 3516 BAY TO BAY BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☒ Delete
NAME MENZ, ROBERT C
STREET ADDRESS 1301 CROWN COURT
CITY-ST-ZIP BLOOMINGTON IL 61704-8001

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME Paul White
STREET ADDRESS 7960 SW 67th Terrace
CITY-ST-ZIP Miami, FL 33143

TITLE D ☐ Change ☒ Addition
NAME Ross Pepper
STREET ADDRESS 6 Glendale Drive
CITY-ST-ZIP Kissimmee, FL 34744

TITLE D ☐ Change ☒ Addition
NAME Bruce Roberts
STREET ADDRESS 6009 Royal Poinciana Lane
CITY-ST-ZIP Tamarac, FL 33312

TITLE D ☐ Change ☒ Addition
NAME John King
STREET ADDRESS 152 Holderness Drive
CITY-ST-ZIP Longwood, FL 32779

TITLE D ☐ Change ☒ Addition
NAME Vaughn Williams
STREET ADDRESS PO Box 593545
CITY-ST-ZIP Orlando, FL 32859-3545

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)