

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90402 038 ****61.25

DOCUMENT # 753236

1. Entity Name

CHRISTIAN FINANCIAL RESOURCES, INC.



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

Zip

Country

Zip

Country

4. FEI Number

59-2037205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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)

1185 CYPRESS LOFT PLACE

City
LAKE MARY

FL

Zip Code
32746

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

Darren R. Key

Darren R. Key, Chief Executive Officer

4-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMILTON, DAVID W
701 W ADAMS ST
JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
OSBURN, MICHAEL L
4111 ORANGE GROVE BLVD
NORTH FORT MYERS FL 33903 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAHAM, MIKE
920 BLANKENBAKER PKWY
LOUISVILLE KY 40243 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBS, JIM
1259 LAKEWOOD RD
JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, JOHN
700 MUIRFIELD CIRCLE
APOPKA FL 32712 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CHARLES JASON RUTLAND
107 CALABRA SPRINGS COVE
SANFORD FL 32771 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1185 CYPRESS LOFT PLACE
LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAUL WHITE
7960 SW 67TH TERRACE
MIAMI FL 33143 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EUGENE F KINNAIRD
9040 SW 97TH TERRACE
MIAMI FL 33176 ☐ Change ☒ Addition

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:

Darren R. Key

Darren R. Key, Chief Executive Officer

4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
Doc. # 753236

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM G OWENS 1800 PEMBROOK DRIVE, SUITE 280 ORLANDO FL 32810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE A ROBERTS 6009 ROYAL POINCIANA LANE TAMARAC FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRIS VORBECK 1801 GLENGARY STREET SARASOTA FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN WILLIAMS 603 CENTRAL FL PKWY SUITE 107 ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition