2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #753236

1. Entity Name



FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90334 012 ****70.00

CHRISTIAN FINANCIAL RESOURCES, INC.									
Principal Place of Business 124 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714		Mailing Address 124 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714							
						L 18 BER 138 BA 61198			
•	lace of Business - No P.O. Box #	3. Mailing A		-					
773 Stirling Center Place Suite, Apt. #, etc.		P.O. Box 951719 Suite, Apt. #, etc.							
Suite, Apt.	#, etc.	```				03222007 Ch	ig-NP CR2	E037 (12/06)	
City & State		City & State Lake Mary, FL				4. FEI Number 59-203720	5		plied For t Applicable
Lake Mary, FL Zip Country		Zip	Country	¢0.75					
32746	USA	32795	-1719	USA		5. Certificate of Sta	atus Desired XX	Fee Required	
	6. Name and Address of Current R					7. Name and Addi	ress of New Register	ed Agent	
KEY, DARREN R.				Name					
1185 CYPI	RESS LOFT PLACE RY, FL 32746	Street Addres			ddress (f	P.O. Box Number is N	lot Acceptable)		
D ave low a	(1,12 02)40			Ì					
				City			-	Zip Code	9
The above named entity submits this statement for the purpose of changing its registered of the purpose.						ed agent, or both, in	the State of Florida.	am familiar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .									
	Signature, typed or printed name of registered agent as	nd title if applicable.	(NOTE: Re	egistered Agent signal	ture required	when reinstating)	DA	TE	
-	Filing Fee is \$61.25 Due by May 1, 2007	9.	Election Campa Trust Fund Cont			\$5.00 May Be Added to Fees		eck payable to partment of St	
10.	Due by May 1, 2007 OFFICERS AND DIR				,	Added to Fees		DIRECTORS IN	ate 10
TITLE	Due by May 1, 2007 OFFICERS AND DIR	ECTORS		tribution. 11. TITLE	D	Added to Fees	Florida De	partment of St	ate
TITLE NAME	Due by May 1, 2007 OFFICERS AND DIR D HAMILTON, DAVID W	ECTORS	Trust Fund Conf	tribution. 11. TITLE NAME	D Gear	Added to Fees ADDITIONS/CHANGE hart, Micha	Fiorida De	DIRECTORS IN	ate 10
TITLE	Due by May 1, 2007 OFFICERS AND DIR	ECTORS	Trust Fund Conf	tribution. 11. TITLE	D Gear 5253	Added to Fees ADDITIONS/CHANGE hart, Micha W. Deputy	Fiorida De ES TO OFFICERS AND Bel Drive	DIRECTORS IN	ate 10
TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIR D HAMILTON, DAVID W 701 W ADAMS ST	ECTORS	Trust Fund Conf	TITLE NAME STREET ADDRESS	D Gear 5253 Beve	Added to Fees ADDITIONS/CHANGE hart, Micha W. Deputy rly Hills,	Florida De ES TO OFFICERS AND Rel Drive FL 34465	DIRECTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DIR D HAMILTON, DAVID W 701 W ADAMS ST JACKSONVILLE, FL 32204	ECTORS	Trust Fund Cont	Tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gear 5253 Beve Mald	Added to Fees ADDITIONS/CHANGE hart, Micha W. Deputy rly Hills, onado, Jose	Florida De ESTO OFFICERS AND Rel Drive FL 34465	DIRECTORS IN Change	10 X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIR D HAMILTON, DAVID W 701 W ADAMS ST JACKSONVILLE, FL 32204 S MALDONADO, JOSE M 4932 FISKE CIRCLE	ECTORS	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Gear 5253 Beve Mald 109	Added to Fees ADDITIONS/CHANGE hart, Micha W. Deputy rly Hills, onado, Jose Calabria Sp	Florida De ES TO OFFICERS AND ael Drive FL 34465 E M. Drings Cove	DIRECTORS IN Change	10 X Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIR D HAMILTON, DAVID W 701 W ADAMS ST JACKSONVILLE, FL 32204 S MALDONADO, JOSE M 4932 FISKE CIRCLE ORLANDO, FL 32826 CEO	ECTORS	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	D Gear 5253 Beve Sand D	Added to Fees ADDITIONS/CHANGE hart, Micha W. Deputy rly Hills, onado, Jose Calabria Spord, FL 32	Florida De ES TO OFFICERS AND ael Drive FL 34465 E M. Drings Cove	DIRECTORS IN Change	10 X Addition
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I nereby ceruity that the intermation supplied with this tiling does not qualify for the exemptions contained 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 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 tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

407/268-5000

Daytime Phone #