




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

| | | | | | |
|--|--|--|--|---|--------------------------------|
| 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 - No P.O. Box # 773 Stirling Center Place | | 3. Mailing Address P.O. Box 951719 | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Lake Mary, FL | | City & State Lake Mary, FL | | | |
| Zip 32746 | Country USA | Zip 32795-1719 | Country USA | 4. FEI Number 59-2037205 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KEY, DARREN R. 1185 CYPRESS LOFT PLACE LAKE MARY, FL 32746 | | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMILTON, DAVID W 701 W ADAMS ST JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gearhart, Michael 5253 W. Deputy Drive Beverly Hills, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MALDONADO, JOSE M 4932 FISKE CIRCLE ORLANDO, FL 32826 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Maldonado, Jose M. 109 Calabria Springs Cove Sanford, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO KEY, DARREN R 1185 CYPRESS LOFT PLACE LAKE MARY, FL 32746 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Stalvey, Jim 7156 Basso Lane Orlando, FL 32818 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDRIANO, MICHAEL 541 E MITCHELL HAMMOCK RD STE 200 OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Percival, Stan 6161 22nd Ave. N. St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS, BRUCE 6201 ROYAL POINCIANA LANE TAMARAC, FL 33319 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D McSpadden, Dean 2200 Marshall St. Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KOCOLOWSKI, MIKE 3690 ROCHELLE LANE APOPKA, FL 32712 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing 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 like empowered. | | | | | |
| SIGNATURE:  | | | 4-13-07 | | 407/268-5000 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |