
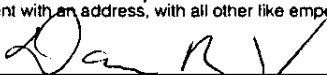


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90098 046 ****70.00

DOCUMENT # 753236 1. Entity Name CHRISTIAN FINANCIAL RESOURCES, INC.					
Principal Place of Business 773 STIRLING CENTER PL LAKE MARY, FL 32746				Mailing Address PO BOX 951719 LAKE MARY, FL 32795	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEY, DARREN R. 1185 CYPRESS LOFT PLACE LAKE MARY, FL 32746				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, DAVID W		NAME	Gearhart, Michael	
STREET ADDRESS	701 W ADAMS ST		STREET ADDRESS	5253 W. Deputy Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	Beverly Hills, FL 34465	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALDONADO, JOSE M		NAME	Jones, Gary	
STREET ADDRESS	109 CALABRIA SPRINGS COVE		STREET ADDRESS	4218 S.E. 3rd Ave.	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		
NAME	KEY, DARREN R		NAME		
STREET ADDRESS	1185 CYPRESS LOFT PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERCIVAL, STAN		NAME		
STREET ADDRESS	1101 22ND AVE N		STREET ADDRESS	7010 32nd Avenue N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCSPADDEN, DEAN		NAME		
STREET ADDRESS	2200 MARSHALL ST		STREET ADDRESS	4614 Gilronan Court	
CITY-ST-ZIP	SAFETY HARBOR, FL 34606		CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOCOLOWSKI, MIKE		NAME		
STREET ADDRESS	3690 ROCHELLE LANE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
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: 			4-17-08		407/268-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #