

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90125 021 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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 *[Signature]* 2/18/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **WHITE, PAUL**
STREET ADDRESS **7960 SW 67TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID W HAMILTON**
STREET ADDRESS **701 W ADAMS ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **S** ☐ Delete
NAME **OSBURN, MICHAEL L**
STREET ADDRESS **499 WINDING WILLOW DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
NAME **4111 ORANGE GROVE BLVD**
STREET ADDRESS **NORTH FORT MYERS FL 33903**
CITY-ST-ZIP

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

TITLE **CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
NAME **JIM JACOBS**
STREET ADDRESS **1259 LAKEWOOD RD**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☒ Delete
NAME **PEPPER, ROSS**
STREET ADDRESS **6 GLENDALE DR**
CITY-ST-ZIP **KISSIMMEE FL 34744**

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

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

TITLE **C/D** ☐ Change ☒ Addition
NAME **CHRIS VORBECK**
STREET ADDRESS **1801 GLENGARY ST**
CITY-ST-ZIP **SARASOTA FL 34231**

12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

TITLE **D** ☐ Change ☒ Addition
NAME **VAUGHN WILLIAMS**
STREET ADDRESS **PO BOX 593545**
CITY-ST-ZIP **ORLANDO FL 32859-3545**

SIGNATURE:

DECLARATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Darren R. Key**

CR2E037 (10/02)