

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756076

FILED
Jan 17, 2011
Secretary of State

Entity Name: CHRISTIANVILLE FOUNDATION INC.

Current Principal Place of Business:

5220 RIVER PARK VILLAS DRIVE
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24598
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 98-0049674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWEN, ROSS W
5220 RIVER PARK VILLA DRIVE
ST. AUGUSTINE,, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LIBERATOR, JIM
Address: 31762 LAKE ROAD
City-St-Zip: AVON LAKE, OH 44012 US

Title: VP
Name: REDDEN, EDSEL
Address: 3460 RED CLOUD TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: D
Name: BROOKS, CLIFF
Address: 4361 CRETE COVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: D
Name: REDDEN, ELMER
Address: 133 PRIMEROSE LANE
City-St-Zip: BECKLEY, WV 25801 US

Title: DS
Name: LIBERATOR, KIM
Address: 31762 LAKE ROAD
City-St-Zip: AVON LAKE, OH 44012 US

Title: DT
Name: COWEN, ROSS W
Address: 5220 RIVER PARK VILLA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSS W. COWEN

DT

01/17/2011

Electronic Signature of Signing Officer or Director

Date