2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 764069** Feb 29, 2000 8:00 am Secretary of State 1. Entity Name CHRISTIAN FINANCIAL COUNSELING. INC. 02-29-2000 90098 050 ****61.25 Principal Place of Business Mailing Address 2282 FIRST STREET 2282 FIRST STREET FORT MYERS FL 33901-2955 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2211666 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HETRICK, MAHLON L 987 CLARELLEN DRIVE FT MYERS FL 33919 Zip Code City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition **PMTR** TITI F Delete TITLE HETRICK, MAHLON L NAME NAME 987 CLARELLEN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 ☐ Addition ☐ Change TITLE STR ☐ Delete TITLE BIGELOW, ROBERT L NAME NAME STREET ADDRESS STREET ADDRESS **2225 IVY AVE** CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL-33907 --☐ Delete Change Addition TITLE TR TITLE NAME NAME PAGE, RICK STREET ADDRESS STREET ADDRESS 2425 BOGATA ST CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE FL 33980 ☐ Change Addition TITLE TTR ☐ Delete TITLE HAISMAN, DONALD L NAME STREET ADDRESS STREET ADDRESS 5352 CHIPPENDALE CIR. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 ☐ Addition TITLE ☐ Change TR ☐ Delete TITLE NAME NAME KOLODY, STEPHEN STREET ADDRESS STREET ADDRESS 1560 OLMEDA WAY CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00 94

changed, or on an attachment with an address, with all other like empowered.

941-337-2122