

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90012 017 ****61.25



DOCUMENT # 764069

1. Entity Name

CHRISTIAN FINANCIAL COUNSELING, INC.

Principal Place of Business

2282 FIRST STREET
 FORT MYERS FL 33901

Mailing Address

2282 FIRST STREET
 FORT MYERS FL 33901



2. Principal Place of Business

2267 First Street

Suite, Apt. #, etc.

Unit 15

City & State

Fort Myers, FL

Zip

33901

Country

3. Mailing Address

2267 First Street

Suite, Apt. #, etc.

Unit 15

City & State

Fort Myers, FL

Zip

33901

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2211666

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HETRICK, MAHLON L
 987 CLARELLEN DRIVE
 FT MYERS FL 33919

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, 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
Due By May 1, 2006

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

TITLE	PMTR	<input type="checkbox"/> Delete
NAME	HETRICK, MAHLON L	
STREET ADDRESS	987 CLARELLEN DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	STR	<input type="checkbox"/> Delete
NAME	BIGELOW, ROBERT L	
STREET ADDRESS	2225 IVY AVE	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	TTR	<input type="checkbox"/> Delete
NAME	TATRO, RICHARD	
STREET ADDRESS	2450 WOODLAND BLVD	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CHESNUT, STEVEN	
STREET ADDRESS	6701 IDLEWILD ST	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TR	<input type="checkbox"/> Delete
NAME	LAND, FRANK	
STREET ADDRESS	3426 FOWLER STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LINDE, MATTHEW A	
STREET ADDRESS	5019 SW 8TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33914	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mahlon L. Hetrick* Mahlon L. Hetrick 1-26-06 (239) 337-2122