

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 ☐ Delete
NAME HETRICK, MAHLON L
STREET ADDRESS 987 CLARELLEN DRIVE
CITY-ST-ZIP FT. MYERS FL 33919

TITLE STR ☐ Delete
NAME BIGELOW, ROBERT L
STREET ADDRESS 2225 IVY AVE
CITY-ST-ZIP FT. MYERS FL 33907

TITLE TTR ☐ Delete
NAME TATRO, RICHARD
STREET ADDRESS 2450 WOODLAND BLVD
CITY-ST-ZIP FORT MYERS FL 33907

TITLE TR ☐ Delete
NAME CHESNUT, STEVEN
STREET ADDRESS 6701 IDLEWILD ST
CITY-ST-ZIP FORT MYERS FL 33912

TITLE TR ☐ Delete
NAME LAND, FRANK
STREET ADDRESS 3426 FOWLER STREET
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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