


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90038 003 \*\*\*\*61.25

<b>DOCUMENT # 764069</b> 1. Entity Name <b>CHRISTIAN FINANCIAL COUNSELING, INC.</b>					
Principal Place of Business <b>2267 FIRST ST. UNIT 15 FORT MYERS, FL 33901</b>			Mailing Address <b>2267 FIRST ST. UNIT 15 FORT MYERS, FL 33901</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2211666</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HETRICK, MAHLON L 987 CLARELLEN DRIVE FT MYERS, FL 33919</b>			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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PMTR HETRICK, MAHLON L 987 CLARELLEN DRIVE FT. MYERS, FL 33919</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STR BIGELOW, ROBERT L 2225 IVY AVE FT. MYERS, FL 33907</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TTR TATRO, RICHARD 2450 WOODLAND BLVD FORT MYERS, FL 33907</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR CHESNUT, STEVEN 6701 IDLEWILD ST FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR LAND, FRANK 3426 FOWLER STREET FORT MYERS, FL 33901</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR GELTNER, ROBERT 12981 TURTLE COVE TRAIL NORTH FORT MYERS, FL 33903</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: Mahlon L. Hetrick</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>1-23-07 (239) 337-2122</b> Date    Daytime Phone #	