


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764069**  
 1. Entity Name  
**CHRISTIAN FINANCIAL COUNSELING, INC.**



Principal Place of Business 2267 FIRST ST. UNIT 15 FORT MYERS, FL 33901	Mailing Address 2267 FIRST ST. UNIT 15 FORT MYERS, FL 33901
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2211666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

HETRICK, MAHLON L  
 987 CLARELLEN DRIVE  
 FT MYERS, FL 33919

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000979854  
 04/15/08-80034-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMTR HETRICK, MAHLON L 987 CLARELLEN DRIVE FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR BIGELOW, ROBERT L 2225 IVY AVE FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR TATRO, RICHARD 2450 WOODLAND BLVD FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CHESNUT, STEVEN 6701 IDLEWILD ST FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LAND, FRANK 3426 FOWLER STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GELTNER, ROBERT 12981 TURTLE COVE TRAIL NORTH FORT MYERS, FL 33903

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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.

**SIGNATURE:** *Mahlon L Hetrick* **4-1-08** **(239) 337-2122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #