

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764069

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** CHRISTIAN FINANCIAL COUNSELING, INC.

**Current Principal Place of Business:**

2267 FIRST ST.  
UNIT 15  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2267 FIRST ST.  
UNIT 15  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 59-2211666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PMTR ( ) Delete  
Name: HETRICK, MAHLON L  
Address: 987 CLARELLEN DRIVE  
City-St-Zip: FT. MYERS, FL 33919

Title: STR ( ) Delete  
Name: BIGELOW, ROBERT L  
Address: 2225 IVY AVE  
City-St-Zip: FT. MYERS, FL 33907

Title: TTR ( ) Delete  
Name: TATRO, RICHARD  
Address: 2450 WOODLAND BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: TR ( ) Delete  
Name: CHESNUT, STEVEN  
Address: 6701 IDLEWILD ST  
City-St-Zip: FORT MYERS, FL 33912

Title: TR ( ) Delete  
Name: LAND, FRANK  
Address: 3426 FOWLER STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: TR ( ) Delete  
Name: GELTNER, ROBERT  
Address: 12981 TURTLE COVE TRAIL  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: LAND, FRANK  
Address: 96 SKYLINE DRIVE  
City-St-Zip: NO FORT MYERS, FL 33903

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAHLON L. HETRICK

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date