


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90131 007 ****61.25

DOCUMENT # F01000003581 1. Entity Name CHRISTIAN SURFERS UNITED STATES, INC.			
Principal Place of Business 14 "F" ST SUITE B SAINT AUGUSTINE, FL 32080		Mailing Address 14 "F" ST SUITE B SAINT AUGUSTINE, FL 32080	
2. Principal Place of Business - No P.O. Box # 420 Segovia Road		3. Mailing Address Po Box 9	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St. Augustine FL		City & State St. Augustine FL	
Zip 32086		Zip 32085	
Country USA		Country USA	
6. Name and Address of Current Registered Agent CRUCIANO, CASEY 724 NORTH LONGNEEDLE DR SAINT AUGUSTINE, FL 32092		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 <u><i>Casey Cruciano</i></u> 13 July 07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BARRETT, MIKE <input type="checkbox"/> Delete STREET ADDRESS 1440 SW DUNE AVE CITY-ST-ZIP LINCOLN CITY, OR 97367	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Michael Ochsner STREET ADDRESS 130 Waterway Lane CITY-ST-ZIP Vero Beach FL 32963		
TITLE P <input checked="" type="checkbox"/> Delete NAME BROWNEE, CHANDLER STREET ADDRESS 620 SEA ISLAND RD SUITE 315 CITY-ST-ZIP SAINT SIMONS ISLAND, GA 31522	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Dean Plumlee STREET ADDRESS 420 segovia Road CITY-ST-ZIP St. Augustine FL 32086		
TITLE P <input checked="" type="checkbox"/> Delete NAME BROWNEE, CHANDLER STREET ADDRESS 12 3RD STREET CITY-ST-ZIP ST. AUGUSTINE, FL 32080	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Greg Hawkins STREET ADDRESS 304 W Paseo de Cristobal CITY-ST-ZIP SAN CLEMENTE CA 92672		
TITLE D <input type="checkbox"/> Delete NAME BUCKLEY, CHRISTIAN STREET ADDRESS 11595-2 COMPASS POINT DR NORTH CITY-ST-ZIP SAN DIEGO, CA 92126	TITLE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CHRISTIAN Buckley STREET ADDRESS 11595-2 Compass Point Dr North CITY-ST-ZIP SAN Diego CA 92126		
TITLE D <input type="checkbox"/> Delete NAME DOW, JERRY STREET ADDRESS 59 BROCKBANK PLACE CITY-ST-ZIP SIERRA VISTA, AZ 856351817	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME James Moriarty STREET ADDRESS 677 SAN MARIO DRIVE CITY-ST-ZIP SOLANA Beach CA 92075		
TITLE VP <input checked="" type="checkbox"/> Delete NAME GRAY, MIKE STREET ADDRESS 1711 OLD BEACH RD CITY-ST-ZIP SAINT SIMONS ISLAND, GA 31522	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Ed Wright STREET ADDRESS 307 LEANN Lane CITY-ST-ZIP Leucadia CA 92024		
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: <u><i>Casey Cruciano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>13 July 07</u> (904) 471-4308 <small>Daytime Phone #</small>	