

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003581

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** CHRISTIAN SURFERS UNITED STATES, INC.

**Current Principal Place of Business:**

420 SEGOVIA ROAD  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9  
SAINT AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 77-0136158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUCIANO, CASEY  
724 NORTH LONGNEEDLE DR  
SAINT AUGUSTINE, FL 32092 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: D ( ) Delete  
Name: BARRETT, MIKE  
Address: 1440 SW DUNE AVE  
City-St-Zip: LINCOLN CITY, OR 97367

Title: P ( ) Delete  
Name: PLUMLEE, DEAN  
Address: 420 SEGOVIA ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: OCHSNER, MICHAEL  
Address: 130 WATERWAY LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: C ( ) Delete  
Name: BUCKLEY, CHRISTIAN  
Address: 11595-2 COMPASS POINT DR NORTH  
City-St-Zip: SAN DIEGO, CA 92126

Title: D ( ) Delete  
Name: DOW, JERRY  
Address: 59 BROCKBANK PLACE  
City-St-Zip: SIERRA VISTA, AZ 856351817

Title: D ( ) Delete  
Name: WRIGHT, ED  
Address: 307 LEANN LANE  
City-St-Zip: LENCADIA, CA 92024

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

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: JIM MORIARTY

D

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date