2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006101

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2005 Secretary of State

	1e: CHRISTIA	N SERVICE, INC. OF OHIO		
Current Principal Place of Business:			New Principal Place of Business:	
24850 OLD SUITE 11 BONITA SF	41 RD. PRINGS, FL 34	11357087 US		
Current Mailing Address:			New Mailing Address:	
6900-29 DANIELS PARKWAY FORT MYERS, FL 33912		6900-29 DANIELS PARKWAY P.M.B. 298 FORT MYERS, FL 33912		
FEI Number:	34-6557778	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:
	VALDO E JBLE EAGLE C :RS, FL 33912			
The above in the State		ubmits this statement for the pur	pose of changing its reg	istered office or registered agent, or both,
SIGNATUR				
SIGNATUR		c Signature of Registered Agent		Date
				Date IANGES TO OFFICERS AND DIRECTORS:
	Electroni AND DIRECT	ORS: Delete MES RE GROVE		
OFFICERS Title: Name: Address:	Electronic Electronic AND DIRECT C () MCWHINNIE, JA 22014 SYCAMO BONITA SPRING	CORS: Delete MES RE GROVE is, FL 34135 Delete IO E EAGLE COURT	ADDITIONS/CH Title: Name: Address:	IANGES TO OFFICERS AND DIRECTORS:
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Electronic Electronic EAND DIRECT C () MCWHINNIE, JA 22014 SYCAMO BONITA SPRING VC () IYEAGER, WALD 14630 DOUBLE FORT MYERS, F D () KIM, JOSEPH	CORS: Delete MES RE GROVE SS, FL 34135 Delete O E EAGLE COURT FL 339121716 Delete CHON DONG / SUWON	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address:	IANGES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WALDO E. YEAGER VC 04/28/2005

() Delete

SANBORN, RUTH

899 SO. 250 EAST

WINONA LAKE, IN 46590

() Change () Addition