


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90001 048 \*\*\*\*61.25

<b>DOCUMENT # F03000006101</b>		
1. Entity Name <b>CHRISTIAN SERVICE, INC. OF OHIO</b>		

Principal Place of Business <b>24850 OLD 41 RD. SUITE 11 BONITA SPRINGS, FL 34135-7087 US</b>	Mailing Address <b>6900-29 DANIELS PARKWAY P.M.B. 298 FORT MYERS, FL 33912</b>
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**50021153**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

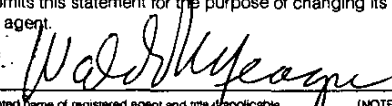
05142006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>34-6557778</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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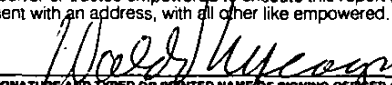
6. Name and Address of Current Registered Agent	
<b>YEAGER, WALDO E 14630 DOUBLE EAGLE COURT FORT MYERS, FL 33912-1716</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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: 	DATE: <b>6/7/06</b>
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MCWHINNIE, JAMES 22014 SYCAMORE GROVE BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MCWHINNIE, JAMES 401 CROSSBILL CT. SALEM, SC 29676</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC YEAGER, WALDO E 14630 DOUBLE EAGLE COURT FORT MYERS, FL 339121716</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC WOLFORD, DREW 46959 ELM SHIRE NORTHVILLE, MI 48167</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIM, JOSEPH SAN 73-6 WON CHON DONG / SUWON SOUTH KOREA 442-380,</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BILLY KIM MPO. BOX 88 SEOUL, 121-707 KOREA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BEUTLER, THOMAS 6455 WHEATSTONE CT. MAUMEE, OH 43537</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NOLEN ROLLINS 24850 OLD 41 RD, SUITE 11 BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SANBORN, RUTH 899 SO. 250 EAST WINONA LAKE, IN 46590</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DENNIS GLENN 22163 NATURES COVE CT. ESTERO, FL 33928</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: <b>6/7/06</b> DAYTIME PHONE #: <b>239/898-1176</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	