

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90228 028 \*\*\*\*61.25

**60001723**



01112006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # F05000006176</b> 1. Entity Name <b>CHRISTIAN FINANCIAL MINISTRIES, INC.</b>					
Principal Place of Business <b>8508 OLD PIEDMONT ROAD MARIETTA, GA 30066</b>			Mailing Address <b>8508 OLD PIEDMONT ROAD MARIETTA, GA 30066</b>		
2. Principal Place of Business <b>850-B Old Piedmont Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>850-B Old Piedmont Rd</b> Suite, Apt. #, etc.			
City & State <b>Marietta, Ga</b> Zip <b>30046</b>		City & State <b>Marietta, Ga</b> Zip <b>30046</b>		4. FEI Number <b>77-0250776</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOUDER, ROBERT 4265 ARBOR CLUB DRIVE MARIETTA, GA 30066</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOAR, LARRY 3781 JEFFERSON TOWNSHIP PARKWAY MARIETTA, GA 30066</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lynda Grodd 1295 N. Cobb Pkwy Marietta, GA 30062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUNT, BRIAN 4805 BISHOP CREEK COURT MARIETTA, GA 30062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOUDER, DEBBIE 4265 ARBOR CLUB DRIVE MARIETTA, GA 30066</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOHIERS, DOUG 4492 PINE HILL TERRACE MARIETTA, GA 30066</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Teresa Staley 4616 Rowell Road, NE Marietta, GA 30062</b> <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <u>Rev Robert B. Louder</u> <b>1/12/06</b> <b>678-797-9444</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT u0001723

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## Citi Cards 2006 Grant Application Package

### Question Thirty

Board of Directors as of October, 2005

**Name: Mr. Larry Goar**

DOB: 3-10-40

SSN: 306-40-7588

Position: Board Member

Board Salary/Benefits: None

Occupation: Church Administrator

Business Address:

Fellowship Bible Church

480 W. Crossville Road

Roswell, GA 30075

Professional Affiliations:

American Association of Christian Counselors

Air Force Association (Retired Colonel)

National Association of Church Business

Administrators

**Name: Mr. Brian Hunt**

DOB: 7-18-48

SSN: 089-40-3693

Position: Board Member

Board Salary/Benefits: None

Occupation: Church Administrator/Executive Pastor

Business Address:

Eastside Baptist Church

2450 Lower Roswell Road NE

Marietta, GA 30068

Professional Affiliations: None

**Name: Rev. Bob Louder**

DOB: 1-20-45

SSN: 506-56-9016

Position: Ministry/Board President

Board Salary/Benefits: None

Occupation: Founder, President, CEO Christian Financial

Ministries

Business Address:

Christian Financial Ministries, Inc.

850-B Old Piedmont Road

Marietta, GA 30066

Professional Affiliations:

Georgia Christian Counselors Association

Christian Legal Society

International Ministerial Association

American Family Association

American Association of Christian Counselors

**Name: Mrs. Debbie Louder**

DOB: 10-01-54

SSN: 277-56-6899

Position: Board Secretary

Board Salary/Benefits: None

Occupation: Wife and mother (registered nurse)

Business Address:

4265 Arbor Club Drive

Marietta, GA 30066

Professional Affiliations:

Ohio Nurses Association

**Name: Mr. Doug Wohlers**

DOB: 5-13-56

SSN: 266-23-3737

Position: Board Member

Board Salary/Benefits: None

Occupation: Independent IT Contractor

Business Address:

Southern Company

241 Ralph McGill Blvd NE

Atlanta, GA 30308

Professional Affiliations: None

**Name: Mrs. Lynda Grodd** - ADDITION

DOB: 07-06-61

SSN: 381-76-3514

Position: Board Member

Board Salary/Benefits: None

Occupation: Ministry Care Director

Business Address:

Liberty Church

1285 North Cobb Parkway

Marietta, GA 30062

Professional Affiliations:

Financial Planners Association

**Name: Mrs. Teresa Staley** - ADDITION

DOB: 05-08-50

SSN: 258-76-8612

Position: Board Member

Board Salary/Benefits: None

Occupation: School Principle

Business Address:

East Cobb Christian School

4616 Roswell Road NE

Marietta, GA 30062

Professional Affiliations:

Association of Supervisors of Curriculum  
Development

Perimeter Schools Association

ATTACHMENT 40001723  
Christian #FOS000006176  
Financial Ministries  
*"Financial Freedom God's Way"*

ROBERT B. LOUDER  
PRESIDENT

IRS Approved  
501-C-3 Non-Profit Ministry

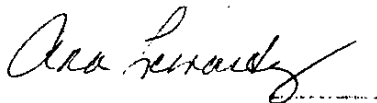
January 12, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom it May Concern:

Please find enclosed our Annual Report for 2006 with the filing fee of \$61.25. Also enclosed is a list of our Board of Directors indicating two new additions since our original filing.

Sincerely,



Ana Leonardy  
Administrative Assistant  
[cfmadmin@good-steward.org](mailto:cfmadmin@good-steward.org)