

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90242 040 ****61.25

DOCUMENT # F05000006176

1. Entity Name
CHRISTIAN FINANCIAL MINISTRIES, INC.



Principal Place of Business
**850 - B OLD PIEDMONT RD
MARIETTA, GA 30066**

Mailing Address
**850 - B OLD PIEDMONT RD
MARIETTA, GA 30066**

60000535



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
77-0250776

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete
NAME LOUDER, ROBERT
STREET ADDRESS 4265 ARBOR CLUB DRIVE
CITY-ST-ZIP MARIETTA, GA 30066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRODD, LYNDA
STREET ADDRESS 1285 N COBB PKWY
CITY-ST-ZIP MARIETTA, GA 30062

TITLE ☒ Change ☐ Addition
NAME 1969 N. WOODS DRIVE
STREET ADDRESS Marietta, GA 30064
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUNT, BRIAN
STREET ADDRESS 4805 BISHOP CREEK COURT
CITY-ST-ZIP MARIETTA, GA 30062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOUDER, DEBBIE
STREET ADDRESS 4265 ARBOR CLUB DRIVE
CITY-ST-ZIP MARIETTA, GA 30066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOHIERS, DOUG
STREET ADDRESS 4492 PINE HILL TERRACE
CITY-ST-ZIP MARIETTA, GA 30066

TITLE ☒ Change ☐ Addition
NAME WOHLERS
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STALEY, TERESA
STREET ADDRESS 4616 ROWELL ROAD NE
CITY-ST-ZIP MARIETTA, GA 30062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

Robert B. Louder 1/4/07

678-797-9444