

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006176

FILED  
May 05, 2008  
Secretary of State

**Entity Name:** CHRISTIAN FINANCIAL MINISTRIES, INC.

**Current Principal Place of Business:**

302 OLD CLAY STREET, SUITE FIVE  
MARIETTA, GA 30060

**New Principal Place of Business:**

**Current Mailing Address:**

302 OLD CLAY STREET, SUITE FIVE  
MARIETTA, GA 30060

**New Mailing Address:**

**FEI Number:** 77-0250776      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: PD ( ) Delete  
Name: LOUDER, ROBERT  
Address: 4265 ARBOR CLUB DRIVE  
City-St-Zip: MARIETTA, GA 30066

Title: D ( ) Delete  
Name: GRODD, LYNDA  
Address: 1969 N. WOODS DRIVE  
City-St-Zip: MARIETTA, GA 30066

Title: D ( ) Delete  
Name: HUNT, BRIAN  
Address: 4805 BISHOP CREEK COURT  
City-St-Zip: MARIETTA, GA 30062

Title: D ( ) Delete  
Name: LOUDER, DEBBIE  
Address: 4265 ARBOR CLUB DRIVE  
City-St-Zip: MARIETTA, GA 30066

Title: D ( ) Delete  
Name: WOHLERS, DOUG  
Address: 4492 PINE HILL TERRACE  
City-St-Zip: MARIETTA, GA 30066

Title: D ( ) Delete  
Name: STALEY, TERESA  
Address: 4616 ROWELL ROAD NE  
City-St-Zip: MARIETTA, GA 30062

**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: D (X) Change ( ) Addition  
Name: FOWLER, NED  
Address: 6500 EAST CHURCH STREET  
City-St-Zip: DOUGLASVILLE, GA 30134

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: ROBERT B LOUDER

PRES

05/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date