

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-24-2002 91326 012 ***150.00



DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000005858**

1. Entity Name
Christian Financial Services, Inc.

Principal Place of Business: **6030 LONG PEAK DR ORLANDO FL 32810-3245 US**
 Mailing Address: **6030 LONG PEAK DR ORLANDO FL 32810-5801**

2. Principal Place of Business: **933 Douglas Ave Suite 2 Altamonte Springs, FL 32714**
 3. Mailing Address: **11014 County Rd 56/A Clermont, FL 34711**

4. FEI Number: **59-3288516** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent: **ROGERS, JEFF 6030 LONG PEAK DR ORLANDO FL 32810**
 7. Name and Address of New Registered Agent: [Blank]

3. 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: *Jeff Rogers* DATE: **4-29-02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPV ROGERS, JEFF 6030 LONG PEAK DR ORLANDO FL 32810 <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	ST Rogers, Jeffrey P. 6030 Long Peak Dr Orlando FL 32810 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

I, I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeff Rogers* DATE: **4-29-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)