

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004145

FILED
Mar 20, 2009
Secretary of State

Entity Name: CHRISTIAN RESEARCH & COUNSEL, INC.

Current Principal Place of Business:

3500 12TH AVENUE N
ST. PETERSBURG, FL 337136019

New Principal Place of Business:

Current Mailing Address:

3500 12TH AVENUE N
ST. PETERSBURG, FL 337136019

New Mailing Address:

FEI Number: 59-3636476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, THOMAS V
3500 12TH AVENUE N
ST. PETERSBURG, FL 337136019 US

Name and Address of New Registered Agent:

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: JONES, THOMAS V
Address: 3500 12TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 337136019

Title: D () Delete
Name: WHITE, BRAD
Address: 2163 WESTSIDE DR
City-St-Zip: ROCHESTER, NY 14624

Title: TD () Delete
Name: SEALY, CARL
Address: 1614 MONTEREY DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: BLANKENSHIP, BERNIE
Address: 1007 GROVEWOOD CT
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: DEEMER, BOB
Address: 314 CANANDAIGUA ST.
City-St-Zip: PALMYRA, NY 14522

Title: D () Delete
Name: KILPPER, BOB
Address: 144 BRANFORD RD
City-St-Zip: ROCHESTER, NY 14618

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS V JONES

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date