

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 01, 2006  
Secretary of State**

DOCUMENT# N00000004958

Entity Name: CHRISTIAN RADIO NETWORK, INC.

**Current Principal Place of Business:**

25 BEVERLY CT  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

25 BEVERLY CT  
HOMOSASSA, FL 34446

**New Mailing Address:**

FEI Number: 59-3681758      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:**

WILLIAMS, SHAWNEE  
25 BEVERLY CT  
HOMOSASSA, FL 34446      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: PT ( ) Delete  
Name: WILLIAMS, SHAWNEE  
Address: 25 BEVERLY CT  
City-St-Zip: HOMOSASSA, FL 34446

Title: STT ( ) Delete  
Name: WHITTEN, CLARK  
Address: 2402 NORFORK ROAD  
City-St-Zip: ORLANDO, FL 32803

Title: VT ( ) Delete  
Name: SWARTZ, JANET  
Address: 8145 W PEBBLE LN  
City-St-Zip: HOMOSASSA, FL 34448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STT (X) Change ( ) Addition  
Name: HALL, GERALDINE  
Address: 554 ELLA AVE  
City-St-Zip: INVERNESS, FL 34450

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWNEE WILLIAMS

PT

07/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date