

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2007
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 ()

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: HALL, GERALDINE
Address: 554 ELLA AVE
City-St-Zip: INVERNESS, FL 34450

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: () 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: SHAWNEE WILLIAMS

PT

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date