

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 044 ****61.25

DOCUMENT # N01000001568

1. Entity Name

CHRISTIAN DYNAMICS, INC.



Principal Place of Business

Mailing Address

58 N 17/92
DEBARY FL 32713

1522 CHAUCER COURT
DELAND FL 32724

2. Principal Place of Business - No P.O. Box #

1522 Chaucer CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DeLand, FL

City & State

Zip

32724

Country

USA

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, JAMES M
1522 CHAUCER COURT
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James M. McPherson, President C.D.I.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-6-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCPHERSON, JAMES M	
STREET ADDRESS	1522 CHAUCER COURT	
CITY ST ZIP	DELAND FL 32724	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCPHERSON, STEPHEN M	
STREET ADDRESS	1522 CHAUCER COURT	
CITY ST ZIP	DELAND FL 32724	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCPHERSON, JANICE S	
STREET ADDRESS	1522 CHAUCER COURT	
CITY ST ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James M. McPherson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-07 (386) 734-9011

Date

Daytime Phone #