

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

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-07-2006 90004 010 ****61.25

DOCUMENT # N01000006263

1. Entity Name
CHRISTIAN HOME FUND INC.



Principal Place of Business
**402 ILLINOIS AVENUE
LYNN HAVEN, FL 32444**

Mailing Address
**402 ILLINOIS AVENUE
LYNN HAVEN, FL 32444**

DO NOT WRITE IN THIS SPACE



07012006 No Chg-NP CR2E037 (4/06)

4. FEI Number
27-0001133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZAIGER, CHRISTOPHER S
402 ILLINOIS AVENUE
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POBM ZAIGER, CHRISTOPHER S 402 ILL AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM KEEFE, KELLY L 7200 PAUL RD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM NELSON, BENNIE 5433 JULIE DRIVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Christopher S. Zaiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 2006 625-6888 (850)
DATE DAYTIME PHONE #