

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000062 1. Entity Name CHRISTIAN FINANCIAL MANAGEMENT, INC.						FILED 05 MAY -2 PM 6:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4901 N FEDERAL HWY STE 300 FORT LAUDERDALE, FL 33308				Mailing Address 4901 N FEDERAL HWY STE 300 FORT LAUDERDALE, FL 33308			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number APPLIED FOR 01-0574397				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WEST, RAY B 4901 N. FEDERAL HWY SUITE 300 FORT LAUDERDALE, FL 33308				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>Ray B. West, President</i></u> <u>2/1/05</u> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when rechartering) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEST, RAY B			NAME	U00000294737		
STREET ADDRESS	4901 N FEDERAL HWY STE 300			STREET ADDRESS	04/08/05-80082-008 70.00		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEST, ROBERT E			NAME			
STREET ADDRESS	4901 N FEDERAL HWY STE 300			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARENA, PATRICIA E			NAME			
STREET ADDRESS	4901 N FEDERAL HWY STE 300			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ray B. West, President</i></u> <u>2-1-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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