

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007704

FILED  
Apr 24, 2010  
Secretary of State

Entity Name: CHRISTIANS R US, INC.

**Current Principal Place of Business:**

7808 RUSTY ANCHOR ROAD  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

7808 RUSTY ANCHOR ROAD  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 16-1637986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JONES, MELVIN  
7808 RUSTY ANCHOR ROAD  
ST. AUGUSTINE, FL 32092 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: PCB  
Name: JONES, MELVIN  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VCDS  
Name: JONES, SARAH  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D  
Name: JONES, SARAH  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D  
Name: JONES, MELVIN  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D  
Name: LONGO, MARK  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: MELVIN JONES

MR

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date