

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000005325

1. Entity Name
CHRISTOPHER FAMILY SERVICES, INC.



Principal Place of Business
**204-37TH AVENUE NORTH, #326
ST. PETERSBURG, FL 33704**

Mailing Address
**204-37TH AVENUE NORTH, #326
ST. PETERSBURG, FL 33704**



04192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1194444

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALEK, GERALD
6094-138TH AVENUE NORTH
CLEARWATER, FL 33760**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCANLAN, WILLIAM J
STREET ADDRESS 4401 14TH STREET NORTHEAST
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE VD
NAME CZYZEWSKI, EDWARD S
STREET ADDRESS 5160 HORSESHOE PLACE NORTHEAST
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE SD
NAME HAIGHT, RICHARD W
STREET ADDRESS 5320 DENVER STREET NORTHEAST
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE TD
NAME MALEK, GERALD
STREET ADDRESS 6094-138TH AVENUE NORTH
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D
NAME CUNNIFF, JOHN T
STREET ADDRESS 1036 NORTSHORE DRIVE NORTHEAST APT. # 1
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE D
NAME DANDRO, ROGER F
STREET ADDRESS 4728-20TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713

1100000531748
05/06/06-80056-007 70.00

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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: *Gerald Malek* **GERALD MALEK-TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/06 (727) 327-86

Date

Daytime Phone #