

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 035 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08262007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-1194444	
				Applied For 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		
MALEK, GERALD 6094-138TH AVENUE NORTH CLEARWATER, FL 33760			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>Donald B. Malek</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>08/28/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCANLAN, WILLIAM J 4401 14TH STREET NORTHEAST ST. PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Gillis 1419 46th Avenue North St. Petersburg, FL 33703
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CZYZEWSKI, EDWARD S 5160 HORSESHOE PLACE NORTHEAST ST. PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Elbert VanVolkenberg 5020/120 Brittany Dr. South St. Petersburg, FL 33715
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAIGHT, RICHARD W 5320 DENVER STREET NORTHEAST ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALEK, GERALD 6094-138TH AVENUE NORTH CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNIFF, JOHN T 1036 NORTHSHORE DRIVE NORTHEAST APT. # 1 ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Novak 1760 78th Avenue North St. Petersburg, FL 33702
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANDRO, ROGER F 4728-20TH AVENUE NORTH ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Donald B. Malek</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>08/28/07</u> (727) 531-2553 <small>Date Daytime Phone #</small>		