

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009111

1. Entity Name
CHRISTIAN HOME CARE, INC.



FILED

2007 OCT 12 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
394 LAKEPARK TRL
OVIEDO, FL 32765

Mailing Address
394 LAKEPARK TRL
OVIEDO, FL 32765



DO NOT WRITE IN THIS SPACE

08012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-2414823	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

RICHARDSON, ARLENE V
394 LAKEPARK TRL
OVIEDO, FL 32765

**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

[Handwritten Signature]

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00109656765
09/19/07--01041--004 **61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RICHARDSON, ARLENE V 394 LAKEPARK TRL OVIEDO, FL 32765
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature: Arlene Richardson]

09.17.07