

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03428

1. Entity Name

CHRISTIAN'S HELP, INC.



Principal Place of Business

1219 FRANKLIN CIRCLE
CLEARWATER FL 33756-5815
US

Mailing Address

1219 FRANKLIN CIRCLE
CLEARWATER FL 33756-5815
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2422601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWN, ROBERT E.
1219 FRANKLIN CIRCLE
CLEARWATER FL 33756-5815

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of Registered Agent or authorized officer and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 | PD | <input type="checkbox"/> Delete |
| NAME | CROWN, ROBERT E. | |
| STREET ADDRESS | 1219 FRANKLIN CIRCLE | |
| CITY, ST, ZIP | CLEARWATER FL 33756-5815 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MURRAY, MARY LOU | |
| STREET ADDRESS | 1420 MORROW DRIVE | |
| CITY, ST, ZIP | CLEARWATER FL 33756 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WICKMAN, CARL V | |
| STREET ADDRESS | 7 MIDWAY ISLAND | |
| CITY, ST, ZIP | CLEARWATER FL 33767 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RINARD, PATRICK W | |
| STREET ADDRESS | 801 OSCEOLA ROAD | |
| CITY, ST, ZIP | BELLEAIR FL 33756 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CROWN, KAREN C | |
| STREET ADDRESS | 2 SEASIDE LANE, UNIT 104 | |
| CITY, ST, ZIP | BELLEAIR FL 33756 | |
| TITLE | I | <input type="checkbox"/> Delete |
| NAME | DODSON, JAMES | |
| STREET ADDRESS | 427 BUTTONWOOD LN | |
| CITY, ST, ZIP | LARGO FL 33770 | |

| | | |
|----------------|--------------------------|---|
| TITLE | 000000200017 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 01/28/05-80009-024 61.25 | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Robert E. Crown Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 727/446-3091

DATE DAYTIME PHONE #