


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

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|--|--|--|--|--|--|
| <b>DOCUMENT # N03428</b><br>1. Entity Name<br><b>CHRISTIAN'S HELP, INC.</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>1219 FRANKLIN CIRCLE<br/>CLEARWATER FL 33756-5815<br/>US</b>   |  |  | Mailing Address<br><b>1219 FRANKLIN CIRCLE<br/>CLEARWATER FL 33756-5815<br/>US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State   |  |  | City & State   |  |  |
| Zip  |  | Country  |  | 4. FEI Number<br><b>59-2422601</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CROWN, ROBERT E.<br/>1219 FRANKLIN CIRCLE<br/>CLEARWATER FL 33756-5815</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting)  |  |  |  |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees   |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>   |  |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>CROWN, ROBERT E.<br/>1219 FRANKLIN CIRCLE<br/>CLEARWATER FL 33756-5815</b> | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>MURRAY, MARY LOU<br/>1420 MORROW DRIVE<br/>CLEARWATER FL 33756</b>          | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>WICKMAN, CARL V<br/>7 MIDWAY ISLAND<br/>CLEARWATER FL 33767</b>             | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD<br/>RINARD, PATRICK W<br/>801 OSCEOLA ROAD<br/>BELLEAIR FL 33756</b>           | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>CROWN, KAREN C<br/>2 SEASIDE LANE, UNIT 104<br/>BELLEAIR FL 33756</b>       | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>DODSON, JAMES<br/>427 BUTTWOOD LN<br/>LARGO FL 33770</b>                    | <input type="checkbox"/> Delete  |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |  | U000000413144<br>02/10/06-80074-006 61.25  |  |  |