

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90123 007 \*\*\*\*70.00

**DOCUMENT # N06000000791**

1. Entity Name

**FOUNDATION FOR CHRISTIAN RELATIONSHIPS, INC.**



Principal Place of Business

**1136 GOLDEN OLIVE COURT  
SANIBEL, FL 33957**

Mailing Address

**1136 GOLDEN OLIVE COURT  
SANIBEL, FL 33957**



03102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-5629754**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HILL, MICHAEL B  
9100 COLLEGE POINTE COURT  
FORT MUERS, FL 33919**

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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 reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FREY, M. WILLIAM  
STREET ADDRESS 1136 GOLDEN OLIVE COURT  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE D  
NAME FREY, LORRAINE BETTS  
STREET ADDRESS 1136 GOLDEN OLIVE COURT  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE D  
NAME FREY, ERIC C  
STREET ADDRESS 1136 GOLDEN OLIVE COURT  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. William Frey**

Date

Daytime Phone #

**4-21-08**