

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002924

FILED
Oct 09, 2007
Secretary of State

Entity Name: CHRISTIAN DEBT FREE COUNSELING INC.

Current Principal Place of Business:

C/O CHRIS COMBS
1035 CENTRAL AVENUE
MIDDLETON, OH 45044

New Principal Place of Business:

C/O CHRIS COMBS
PO BOX 554
GRATIS, OH 45330

Current Mailing Address:

C/O CHRIS COMBS
1035 CENTRAL AVENUE
MIDDLETON, OH 45044

New Mailing Address:

FEI Number: 20-4498471 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAFT, STUART J
C/O ALLEY MAASS ROGERS & LINDA
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: KIMBERLY B MORET

10/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COMBS, CHRIS
Address: 1035 CENTRAL AVENUE
City-St-Zip: MIDDLETON, OH 45044

Title: D () Delete
Name: COMBS, CAROL
Address: 1035 CENTRAL AVENUE
City-St-Zip: MIDDLETON, OH 45044

Title: D () Delete
Name: CHAFIN, BRYAN
Address: 1035 CENTRAL AVENUE
City-St-Zip: MIDDLETON, OH 45044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COMBS, CHRIS
Address: PO BOX 554
City-St-Zip: GRATIS, OH 45330

Title: D (X) Change () Addition
Name: COMBS, CAROL
Address: PO BOX 554
City-St-Zip: GRATIS, OH 45330

Title: D (X) Change () Addition
Name: CHAFIN, BRYAN
Address: PO BOX 554
City-St-Zip: GRATIS, OH 45330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS COMBS

DIR

10/09/2007

Electronic Signature of Signing Officer or Director

Date