

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 22, 2008
Secretary of State**

DOCUMENT# N06000002924

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:

New Mailing Address:

C/O CHRIS COMBS
PO BOX 2765
TITUSVILLE, FL 32781

Current Mailing Address:

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

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:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: COMBS, CHRIS
Address: PO BOX 2765
City-St-Zip: TITUSVILLE, FL 32781

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

Title: D (X) Change () Addition
Name: COMBS, CAROL
Address: PO BOX 2765
City-St-Zip: TITUSVILLE, FL 32781

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

Title: D (X) Change () Addition
Name: CHAFIN, BRYAN
Address: PO BOX 2765
City-St-Zip: TITUSVILLE, FL 32781

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: D CHRISTOPHER COMBS

PRES

07/22/2008

Electronic Signature of Signing Officer or Director

_____ Date