

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002924

FILED
Mar 24, 2009
Secretary of State

Entity Name: CHRISTIAN DEBT FREE COUNSELING INC.

Current Principal Place of Business:

C/O CHRIS COMBS
37 NORTH ORANGE AVE, STE 500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-4498471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 CHRIS COMBS

DIR

03/24/2009

Electronic Signature of Signing Officer or Director

Date