

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002924

FILED  
Feb 08, 2012  
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  
37 NORTH ORANGE AVE, STE 500  
ORLANDO, FL 32801

**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:**

COMBS, CHRIS PRES  
37 NORTH ORANGE AVE  
500  
ORLANDO, FL 32801 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  
Name: COMBS, CHRIS  
Address: 37 NORTH ORANGE AVE, STE 500  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: COMBS, CAROL  
Address: 37 NORTH ORANGE AVE, STE 500  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: CHAFIN, BRYAN  
Address: 37 NORTH ORANGE AVE, STE 500  
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: CHRIS COMBS

PRES

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date