

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44614

FILED
Jan 12, 2007
Secretary of State

Entity Name: THE CHRISTIAN NETWORK, INC.

Current Principal Place of Business:

25400 US HWY 19 N
SUITE 150
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 383
SAFETY HARBOR, FL 346959875 US

New Mailing Address:

FEI Number: 59-3086047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIEDZIELSKI, PATRICIA
25400 US HWY 19 N
SUITE 150
CLEARWATER, FL 33763 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: P () Delete
Name: KOBLISH, BRUCE
Address: 25400 US HWY 19 N SUITE 150
City-St-Zip: CLEARWATER, FL 33763 US

Title: T () Delete
Name: ANDERSON, DON
Address: 25400 US HWY 19 N SUITE 150
City-St-Zip: CLEARWATER, FL 33763 US

Title: C () Delete
Name: RUSAW, RICK
Address: 25400 US HWY 19 N SUITE 150
City-St-Zip: CLEARWATER, FL 33763 US

Title: D () Delete
Name: GALES, ROB
Address: 25400 US HWY 19 N SUITE 150
City-St-Zip: CLEARWATER, FL 33763 US

Title: D () Delete
Name: WILLIAMS, PAUL
Address: 25400 US HWY 19 N SUITE 150
City-St-Zip: CLEARWATER, FL 33763 US

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:

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 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: PATRICIA NIEDZIELSKI

Electronic Signature of Signing Officer or Director

VP

01/12/2007

Date