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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005164 (9)

1. Corporation Name

CHRISTIAN FINANCIAL GUIDANCE CENTER, INC.

Principal Place of Business

3617 WEBBER ST
SARASOTA FL 34232
US

Mailing Address

3864 GOCIO ROAD
SARASOTA FL 34235-6754
US

3. Date Incorporated or Qualified
11/10/1993

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 3864 GOCIO ROAD

Suite, Apt. #, etc.

22 City & State
23 SARASOTA, FL

Zip

24 34235

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 14116

Suite, Apt. #, etc.

27 N.E. PLAZA

City & State

28 SARASOTA, FL

Zip

29 34278

Country

30 U.S.A.

4. FEI Number

65-0460151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HORNEMAN, R.W.
3864 GOCIO ROAD
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3864 GOCIO ROAD

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

R.W. Horneman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

4/28/97
DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME HORNEMAN, R.W.
STREET ADDRESS 3864 GOCIO ROAD
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE
NAME MALTBY, JIM
STREET ADDRESS 3283 TOBEROLN
CITY-ST-ZIP SARASOTA FL

TITLE TD ☐ DELETE
NAME MISIEWICZ, TED
STREET ADDRESS 1100 DEBRECAN ROAD
CITY-ST-ZIP SARASOTA FL

TITLE D ☒ DELETE
NAME CAMPA, LARRY
STREET ADDRESS 5249 CEDAR HAMMOCK CT
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3283 TOBERO LANE
2.4 CITY-ST-ZIP SARASOTA FL 34235

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1100 DEBRECAN ROAD
3.4 CITY-ST-ZIP SARASOTA FL 34240

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CRZE037 (9/96)