

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0077095

DOCUMENT # N93000005164

1. Entity Name

CHRISTIAN FINANCIAL GUIDANCE CENTER, INC.

04-25-2001 90089 025 *****61.25

Principal Place of Business

**3864 GOCIO ROAD
 SARASOTA FL 34235
 US**

Mailing Address

**P O BOX 14116
 NE PLAZA
 SARASOTA FL 34278
 US**

644226



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0460151

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** Delete
 NAME **HORNEMAN, R.W.**
 STREET ADDRESS **3864 GOCIO ROAD**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **TD** Delete
 NAME **MALBY, JIM**
 STREET ADDRESS **3283 TOBERO LANE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **SD** Delete
 NAME **MISIEWICZ, TED**
 STREET ADDRESS **3688 QUIET POND LANE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R.W. Horneman* **R.W. Horneman** 4/20/01 (941) 366-4169
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)