


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State


DOCUMENT # N93000005164

1. Entity Name
CHRISTIAN FINANCIAL GUIDANCE CENTER, INC.



Principal Place of Business 3864 GOCIO ROAD SARASOTA, FL 34235 US	Mailing Address P O BOX 52042 SARASOTA, FL 34232 US
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01132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0460151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HORNEMAN, R.W. 3864 GOCIO ROAD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALTBY, JIM 3283 TOBERO LANE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MISIEWICZ, TED 3688 QUIET POND LANE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/05/07-80049-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 3/26/07 941-366-4169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #