

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 049 ****61.25

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1. Entity Name

CHRISTIAN AUTOMOTIVE REPAIR SUPPORT, INC.



Principal Place of Business

1605A N. PARTIN DR.
P.O. BOX 236
NICEVILLE FL 32588

Mailing Address

P.O. BOX 236
NICEVILLE FL 32588

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3538620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEET, H.BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR FL 32579-0000

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

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVC
NAME BRIDGE, GLENN
STREET ADDRESS 1545 HICKORY ST
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE DC
NAME PELLNITZ, BRUCE
STREET ADDRESS 5 SOUTHWIND COURT
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE DS
NAME SWAN, DAVE
STREET ADDRESS 236 KAREN CT.
CITY-ST-ZIP NICEVILLE FL 32578 ☒ Delete

TITLE DT
NAME PETERSON, JOHN
STREET ADDRESS 1612 OAKMONT CR
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE D
NAME MCGRAW, VERN
STREET ADDRESS 1237 CHANTILLY CIRCLE
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE D
NAME WHITE, GEORGETIE
STREET ADDRESS P.O. BOX 1814
CITY-ST-ZIP NICEVILLE FL 32588 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME PAUL FISCHER
STREET ADDRESS 4374 CR 83A WEST
CITY-ST-ZIP FREEPORT, FL 32439 ☐ Change ☒ Addition

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: *Bruce L. Pellnitz, CHAIR* **BRUCE L. PELLNITZ** 1/18/05 ¹⁵⁵⁰ 897-3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #