

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90037 029 \*\*\*\*61.25

**DOCUMENT # N98000005447**

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

**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3538620

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	DVC
NAME	BRIDGE, GLENN
STREET ADDRESS	1545 HICKORY ST
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	DCT
NAME	PELLNITZ, BRUCE
STREET ADDRESS	5 SOUTHWIND COURT
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	DS
NAME	MCGRAW, VERN
STREET ADDRESS	1237 CHANTILLY CIRCLE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	FISCHER, PAUL
STREET ADDRESS	4374 CR 83A WEST
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	D
NAME	WRIGHT, MARY
STREET ADDRESS	361 EDGE AVE
CITY-ST-ZIP	VALPARAISO, FL 32580
TITLE	
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 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:** *Bruce L. Pellnitz* CHAIR **BRUCE L. PELLNITZ** 1/7/08 (850) 865-0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #