

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005447

FILED
Jun 24, 2009
Secretary of State

Entity Name: CHRISTIAN AUTOMOTIVE REPAIR SUPPORT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1605A N. PARTIN DR.
NICEVILLE, FL 32588

Current Mailing Address:

P.O. BOX 236
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 59-3538620 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLEET, H.BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 325790000 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVC () Delete
Name: BRIDGE, GLENN
Address: 1545 HICKORY ST
City-St-Zip: NICEVILLE, FL 32578

Title: DCT () Delete
Name: PELLNITZ, BRUCE
Address: 5 SOUTHWIND COURT
City-St-Zip: NICEVILLE, FL 32578

Title: DS () Delete
Name: MCGRAW, VERN
Address: 1237 CHANTILLY CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: FISCHER, PAUL
Address: 4374 CR 83A WEST
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: WRIGHT, MARY
Address: 361 EDGE AVE
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: PELLNITZ, BRUCE L
Address: 5 SOUTHWIND COURT
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: WRIGHT, MARY
Address: 361 EDGE AVE
City-St-Zip: VALPARAISO, FL 32580

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE L. PELLNITZ

DC

06/24/2009

Electronic Signature of Signing Officer or Director

Date