


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90370 020 \*\*\*150.00

<b>DOCUMENT # P04000016217</b>		
1. Entity Name <b>PARTNER CHRISTIAN STORES, INC.</b>		

Principal Place of Business <b>3701 S ORLANDO DR SANFORD, FL 32773</b>	Mailing Address <b>P.O. BOX 620143 ORLANDO, FL 32862-0143</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40050000



04072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0696140</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>BOYLES, WILLIAM A</b> <b>301 E PINE STREET SUITE 1400</b> <b>ORLANDO, FL 32801</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ADOLFSON, DAVID G</b> <b>111 CENTRAL</b> <b>BAYPORT, MN 55003</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AGRELIUS, TERRY C</b> <b>3524 STEVENS WAY</b> <b>MARTINEZ, GA 30907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWNSON, ROGER</b> <b>1600 COBB HILL ROAD</b> <b>BOZEMAN, MT 59713</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>KING, PAUL</b> <b>3201 RUSTIC DRIVE</b> <b>KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAYMAN, ELDON</b> <b>1698 MASSANETTA SPRINGS RD</b> <b>HARRISONBURG, VA 22801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>Steere, O'Ann</b> <b>26 W. 104 Thomas Road</b> <b>Wheaton, IL 60187</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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 A. Smith **Bruce A. Smith** 4-10-06 407-852-3819  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

2006 FOR-PROFIT CORPORATION ANNUAL REPORT  
PARTNER CHRISTIAN STORES, INC.

DOCUMENT # P04000016217

40050857

## OFFICERS AND DIRECTORS (CONTINUED)

## ADDITION/CHANGE/DELETE

Title: D  
Name: Devries, Chuck  
Address: P.O. Box 620800  
City-St-Zip: Orlando, FL 32832

Title: T  
Name: Hull, Chip  
Address: 2096 Ralley Court  
City-St-Zip: Thousand Oaks, CA 91362

Title: D  
Name: LeFevre, J. David  
Address: 262 Evansville Rd.  
City-St-Zip: Berwick, PA 18603

Title: D  
Name: Lindh, Daniel  
Address: 2845 Hamline Ave. North, Suite 200  
City-St-Zip: Roseville, MN 55113

ADDITION

Title: D  
Name: Meeder, Connie  
Address: 9335 Fourth St  
City-St-Zip: Highland, IN 46322-2701

Title: D  
Name: Olson, Laef  
Address: 437 Summit Ave  
City-St-Zip: West Chicago, IL 60185

Title: D  
Name: Scheeres, Jacob W., M.D.  
Address: 10116 Hart Branch Circle  
City-St-Zip: Orlando, FL 32832

Title: P  
Name: Smith, Bruce A.  
Address: 9784 Bennington Chase Drive  
City-St-Zip: Orlando, FL 32829

Title: D  
Name: Vande Vrede, Robert  
Address: 1506 Weymount Place  
City-St-Zip: Santa Ana, CA 92705

ADDITION

Title: D  
Name: Weeks, James H.  
Address: 120 Windsor Park Drive, A326  
City-St-Zip: Carol Stream, IL 60188