2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018619

FILED Apr 01, 2011 Secretary of State

Entity Name: CHRISTIAN FINANCIAL COUNSELING OF COLLIER COUNTY INC

Current Principal Place of Business: New Principal Place of Business:

6010 STAR GRASS LANE 900 6TH AVE C/O JIM SHOEMAKE NAPLES, FL 34116

201

NAPLES, FL 34116

Current Mailing Address: New Mailing Address:

6010 STAR GRASS LANE 900 6TH AVE S C/O JIM SHOEMAKE

NAPLES, FL 34116

NAPLES, FL 34116

FEI Number: 27-1626644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRATER, CLETUS A JR KRATER, CLETUS A JR 6010 STÁR GRASS LANE 19 N DEL PRADO BLVD NAPLES, FL 34116 SUITE 4

CAPE CORAL, FL 33909 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: CLETUS A KRATER JR 04/01/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: **PVST**

KRATER, CLETUS A JR Name: 6010 STAR GRASS LANE Address: City-St-Zip: NAPLES, FL 34116 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLETUS A KRATER JR **PRES** 04/01/2011

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CHRISTIAN FINANCIAL COUNSELING OF COLLIER COUNTY, INC.

FIA 4/1/1

AFFIDAVIT OF JIM D. SHUMAKE

STATE OF FLORIDA COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared JIM D. SHUMAKE, who was sworn and states the following:

- 1. I am not involved in or with a corporation known as Christian Financial Counseling of Collier County, Inc.
- 2. I have never heard of or provided any kind of assistance, legal or otherwise, to this entity.
- 3. I never agreed that my name could be used for any purpose, nor did I give permission for my address to be used.
- 4. I do not know who listed my address or why.
- I disclaim any obligation, responsibility, or affiliation with this corporation, and I
 will not accept any further notices, or any other documents, directed to this entity.

FURTHER AFFIANT SAYETH NAUGHT.

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Dated: 760 [1	IIM D. SHUMAKE, Aftiam	
SWORN TO or offirmed and sign	ned before me on this 28th day of Fabruary	

SWORN TO or affirmed and signed before me on this 28th day of February
2012, by Jim D. Shumake

DENISE L. GAVIN Commission # EE 037134 Expires October 25, 2014 Bonded Thru Troy Fain Insurance 800-3857019

Notary Public-State of Florida

<u>Denise L. Gavir</u> Print Name

My Commission Expires: 10/05/2014

Desconally Improve
 Personally known
Produced Identification
 Type of identification produced