

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002924

**FILED  
Mar 11, 2013  
Secretary of State  
CC1763476904**

**Entity Name:** CHRISTIAN DEBT FREE COUNSELING INC.

**Current Principal Place of Business:**

C/O CHRIS COMBS  
37 NORTH ORANGE AVE, STE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

C/O CHRIS COMBS  
37 NORTH ORANGE AVE, STE 500  
ORLANDO, FL 32801

**FEI Number:** 20-4498471

**Certificate of Status Desired:** No

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

COMBS, CHRIS PRES  
37 NORTH ORANGE AVE  
500  
ORLANDO, FL 32801 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

**Officer/Director Detail :**

Title D  
Name COMBS, CHRIS  
Address 37 NORTH ORANGE AVE, STE 500  
City-State-Zip: ORLANDO FL 32801

Title D  
Name COMBS, CAROL  
Address 37 NORTH ORANGE AVE, STE 500  
City-State-Zip: ORLANDO FL 32801

Title D  
Name CHAFIN, BRYAN  
Address 37 NORTH ORANGE AVE, STE 500  
City-State-Zip: ORLANDO FL 32801

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

**SIGNATURE:** CHRIS COMBS

**PRESIDENT**

**03/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date