

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000010305

**Entity Name:** CHRISTIAN FAMILY ASSISTANCE INC

**Current Principal Place of Business:**

1300 ENTERPRISE DR STE D  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

1300 ENTERPRISE DR STE D  
PORT CHARLOTTE, FL 33953 US

**FEI Number:** 84-3219287

**Certificate of Status Desired:** No

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

SMITH, THOMAS  
1300 ENTERPRISE DR STE D  
PORT CHARLOTTE, FL 33953 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 P  
Name SMITH, THOMAS  
Address 1300 ENTERPRISE DR STE D  
City-State-Zip: PORT CHARLOTTE FL 33953

Title VP  
Name PAUL, JAMES  
Address 1300 ENTERPRISE DR STE D  
City-State-Zip: PORT CHARLOTTE FL 33953

Title S  
Name CLARKE, MARK  
Address 1300 ENTERPRISE DR STE D  
City-State-Zip: PORT CHARLOTTE FL 33953

Title T  
Name BUNKLEY, JAMIE  
Address 1300 ENTERPRISE DR STE D  
City-State-Zip: PORT CHARLOTTE FL 33953

*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:** THOMAS SMITH

**PRESIDENT**

**06/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date