

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44614

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC4988118786**

**Entity Name:** THE CHRISTIAN NETWORK, INC.

**Current Principal Place of Business:**

1115 TOSKI DR  
TRINITY, FL 34655

**Current Mailing Address:**

PO BOX 681329  
FRANKLIN, TN 37068 US

**FEI Number: 59-3086047**

**Certificate of Status Desired: No**

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

NIEDZIELSKI, PATRICIA PVP  
1115 TOSKI DR  
TRINITY, FL 34655 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 KOBLISH, BRUCE PPRESIDE  
Address PO BOX 681329  
City-State-Zip: FRANKLIN TN 37068

Title C  
Name CONSTANTINE, GABI  
Address PO BOX 681329  
City-State-Zip: FRANKLIN TN 37068

Title S  
Name BRELAND, ROGER DR.  
Address PO BOX 681329  
City-State-Zip: FRANKLIN TN 37068

Title T  
Name FOLEY, MARK DR.  
Address PO BOX 681329  
City-State-Zip: FRANKLIN TN 37068

*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: BRUCE KOBLISH**

**PRESIDENT**

**01/09/2015**

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

\_\_\_\_\_  
Date