


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90051 005 ****61.25

DOCUMENT # 707679					
1. Entity Name CHRISTIAN FELLOWSHIP CHURCH OF LARGO, INC.					
Principal Place of Business 900 STARKEY ROAD LARGO, FL 33771 US			Mailing Address 900 STARKEY ROAD LARGO, FL 33771 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, BRADLEY A 2300 CONGRESS AVENUE CLEARWATER, FL 33763				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INMAN, RALPH JR			NAME	
STREET ADDRESS	1149 100TH AVE N			STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33772			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY, MASENGALE			NAME	Bill Barber
STREET ADDRESS	1028 1ST AVE NW			STREET ADDRESS	8877 94th Ave. N.
CITY-ST-ZIP	LARGO, FL 33770			CITY-ST-ZIP	Largo, FL 33777
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK, MYRTLE			NAME	
STREET ADDRESS	900 STARKEY ROAD			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33771			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILL, HAROLD			NAME	
STREET ADDRESS	220 20TH ST S.W.			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33770			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, BOB			NAME	
STREET ADDRESS	10552 VALENCIA DR			STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33772			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK, HOLLAND			NAME	Sonny Johnson
STREET ADDRESS	900 STARKEY ROAD			STREET ADDRESS	109 East Grapefruit Cir.
CITY-ST-ZIP	LARGO, FL 33771			CITY-ST-ZIP	Clearwater, FL 33759
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <i>Brad A. Martin</i> Brad A. Martin				Date: 1/24/05 727-772-8657	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	



01232005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1054639 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required