


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90334 032 ****61.25

DOCUMENT # N04000007975
 1. Entity Name
FRESHSTART CHRISTIAN FELLOWSHIP, INC.




Principal Place of Business Mailing Address
2887 DICKIE CT. **2887 DICKIE CT.**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

50039919



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
16-1706018 Not Applicable

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

6. Name and Address of Current Registered Agent
BULLINGTON, CHRISTOPHER B
2887 DICKIE CT.
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete
NAME	BULLINGTON, CHRISTOPHER B
STREET ADDRESS	2887 DICKIE CT.
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete
NAME	DAWKINS, TERRY M
STREET ADDRESS	7843 HOLIDAY RD.
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete
NAME	GREEN, RONALD C JR.
STREET ADDRESS	3352 CHAPEL CT.
CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE:  **Christopher B. Bullington**
 4/19/05 904-425-6673
 Daytime Phone #