

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90291 001 \*\*\*\*61.75

14011400



<b>DOCUMENT # N9400000429</b>					
1. Entity Name CHRISTIAN FELLOWSHIP MINISTRIES, INCORPORATED					
Principal Place of Business 3302 EVERGREEN AVE JACKSONVILLE, FL 32206			Mailing Address 3302 EVERGREEN AVE JACKSONVILLE, FL 32206		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3178430	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, OLA 3302 EVERGREEN AVE JACKSONVILLE, FL 32206			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, OLA		NAME		
STREET ADDRESS	2713 EVENTIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, ANNETTE B		NAME		
STREET ADDRESS	2726 EVENTIDE DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINCKNEY, DANITA		NAME	Danita Pinckney	
STREET ADDRESS	2713 EVENTIDE DR		STREET ADDRESS	2713 Eventide Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	Jax, 32209 FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, ALMA H		NAME	Mattica E. Kennedy	
STREET ADDRESS	8300 MORSE AVE		STREET ADDRESS	5681 Edenfield Rd # 304	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	Jax, FL 32277	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARQUHARSON, COREAN		NAME	Corean Farquharson	
STREET ADDRESS	1618 PERRY ST		STREET ADDRESS	1618 Perry St	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	Jax, FL 32206	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Angelie Robinson	
STREET ADDRESS			STREET ADDRESS	3403 Buckman St	
CITY-ST-ZIP			CITY-ST-ZIP	JAX, FL 32206	
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: <u>Ola Williams - Ola Williams</u>		Date: <u>04/20/05</u>		Daytime Phone #: <u>(904) 766-6056</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					