

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2006**  
**Secretary of State**

DOCUMENT# N94000000429

**Entity Name:** CHRISTIAN FELLOWSHIP MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

3302 EVERGREEN AVE  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

3302 EVERGREEN AVE  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 59-3178430      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILLIAMS, OLA  
3302 EVERGREEN AVE  
JACKSONVILLE, FL 32206      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, OLA  
Address: 2713 EVENTIDE DR.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD ( ) Delete  
Name: WARD, ANNETTE B  
Address: 2726 EVENTIDE DR  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: PINCKNEY, DANITA  
Address: 2713 EVENTIDE DR  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete  
Name: KENNEDY, MATTRICA E.  
Address: 5681 EDENFIELD ROAD # 344  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: FARQUHARSON, COREAN  
Address: 1618 PERRY ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD ( ) Delete  
Name: ROBINSON, ANGELIC  
Address: 3405 BUCKMAN STREET  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLA WILLIAMS

PD

02/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date