2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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Entity Name: COMMUNITY FAITH FELLOWSHIP, INC.

Current Principal Place of Business:

3080 BEECHWOOD CIRCLE
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1638
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0494198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE, EMILY L
900 AQUA ISLES BLVD B-16
LABELLE, FL 33935 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: CD
Name: WILLIAMSON, JOEL CD
Address: 140 EVANS ROAD
City-St-Zip: LABELLE, FL 33935 US

Title: VCD
Name: BRUCE, RICHARD F
Address: 900 AQUA ISLES BLVD. LOT B-16
City-St-Zip: LABELLE, FL 33935 US

Title: S/T
Name: BRUCE, EMILY L S
Address: 900 AQUA ISLES BLVD, B-16
City-St-Zip: LABELLE, FL 33935 US

Title: D
Name: WEBSTER, RONALD W T
Address: 900 AQUA ISLES BLVD, B-15
City-St-Zip: LABELLE, FL 33935 US

Title: D
Name: WEBSTER, JO-ANN
Address: 900 AQUA ISLES BLVD, B-15
City-St-Zip: LABELLE, FL 33935 US

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: EMILY L. BRUCE S/T 01/06/2011

Electronic Signature of Signing Officer or Director Date