

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2007
Secretary of State**

DOCUMENT# N98000003503

Entity Name: EUSTIS COMMUNITY FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

321 W. LAKEVIEW AVE
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

1110 SOUTH STREET
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 59-3738999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKS, NICIE ALLEN
1110 SOUTH STREET
EUSTIS, FL 32726 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: D () Delete
Name: PARKS, NICIE ALLEN
Address: 1110 SOUTH STREET
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: BLANKEN, ANN REEVES
Address: 312 CROKED LAKE RIDGE
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: GOODMAN, DOROTHY
Address: 1310 JULES COURT
City-St-Zip: EUSTIS, FL 32726

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:

I hereby certify that the information supplied with this filing does not qualify 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: NICIE ALLEN PARKS

FO

04/30/2007

Electronic Signature of Signing Officer or Director

Date