

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005499

Entity Name: CHRISTIAN FELLOWSHIP COMMUNITY CHURCH, INC.**Current Principal Place of Business:**1879 S. US HIGHWAY 129
BELL, FL 32619**Current Mailing Address:**1879 S. US HIGHWAY 129
BELL, FL 32619**FEI Number:** 65-1194705**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLMAN, JOHN SR.
1869 S US HWY 129
BELL, FL 32619 US*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:** JOHN GALLMAN SR.

05/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name GALLMAN, JOHN SR.
Address 1869 S US HWY 129
City-State-Zip: BELL FL 32619

Title ELDER
Name PETERS, WILLARD
Address 17860 NW 73RD TER
City-State-Zip: TRENTON FL 32693

Title TRUSTEE
Name YURKE, GARY ALLEN
Address PO BOX 57
City-State-Zip: BELL FL 32619

Title TREASURER
Name HILLIARD, TERESA LYNNE
Address 1860 NE ROBERTS TRAIL
City-State-Zip: BELL FL 32619

Title SECRETARY
Name YURKE, CHERIE
Address PO BOX 57
City-State-Zip: BELL FL 32619

Title TRUSTEE
Name HILLIARD, MARK
Address 22 SE 863RD AVE
City-State-Zip: OLD TOWN FL 32680

Title TRUSTEE
Name POWELL, TOM
Address 8440 SW CR 334A
City-State-Zip: TRENTON FL 32693

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: JOHN GALLMAN SR

TREASURER

05/12/2024

Electronic Signature of Signing Officer/Director Detail

Date