

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000429

**FILED**  
**Mar 19, 2018**  
**Secretary of State**  
**CC4798371260**

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

**Current Principal Place of Business:**

3302 EVERGREEN AVE  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

3302 EVERGREEN AVE  
JACKSONVILLE, FL 32206

**FEI Number:** 59-3178430

**Certificate of Status Desired:** No

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

WILLIAMS, OLA  
3302 EVERGREEN AVE  
JACKSONVILLE, FL 32206 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:** OLA WILLIAMS

03/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WILLIAMS, OLA  
Address 2713 EVENTIDE DR.  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR  
Name WARD, ANNETTE B  
Address 2726 EVENTIDE DR  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name PINCKNEY, DANITA  
Address 2713 EVENTIDE DR  
City-State-Zip: JACKSONVILLE FL 32209

Title TD  
Name KENNEDY, MATTRICA E.  
Address 1741 CESERY BLVD  
City-State-Zip: JACKSONVILLE FL 32277

Title SD  
Name BELL, DEBRA  
Address 11291 HARTS RD.  
1201  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name KENNEDY, ISSAC L  
Address 1741 CESERY BLVD,  
City-State-Zip: JACKSONVILLE FL 32277

*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:** OLA WILLIAMS

PD

03/19/2018

Electronic Signature of Signing Officer/Director Detail

Date