

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000429

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

03/01/2016

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 NESMITH, ERNEST V
Address 3340 VOLLEY DRIVE
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

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date