## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9400002319

Entity Name: COMMUNITY FAITH FELLOWSHIP, INC.

FILED
Apr 12, 2013
Secretary of State
CC0330510408

## **Current Principal Place of Business:**

3080 BEECHWOOD CIRCLE LABELLE. FL 33935

## **Current Mailing Address:**

P.O. BOX 1638

LABELLE, FL 33975 US

FEI Number: 65-0494198 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BRUCE, EMILY L 900 AQUA ISLES BLVD B-16 LABELLE, FL 33935 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CD Title VCD

Name WILLIAMSON, JOEL CD Name BRUCE, RICHARD F

Address 140 EVANS ROAD Address 900 AQUA ISLES BLVD. LOT B-16

City-State-Zip: LABELLE FL 33935 City-State-Zip: LABELLE FL 33935

Title S/T Title D

Name BRUCE, EMILY LS Name WEBSTER, RONALD WT

Address 900 AQUA ISLES BLVD, B-16 Address 900 AQUA ISLES BLVD, B-15

City-State-Zip: LABELLE FL 33935 City-State-Zip: LABELLE FL 33935

Title D

Name WEBSTER, JO-ANN

Address 900 AQUA ISLES BLVD, B-15

City-State-Zip: LABELLE FL 33935

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 LANE BRUCE

SECRETARY/TREASURER 04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date