

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002319

Entity Name: COMMUNITY FAITH FELLOWSHIP, INC.**Current Principal Place of Business:**900 AQUA ISLES BLVD.
LOT B16
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
Name	WILLIAMSON, JOEL CD
Address	140 EVANS ROAD
City-State-Zip:	LABELLE FL 33935

Title	VCD
Name	BRUCE, RICHARD F
Address	900 AQUA ISLES BLVD. LOT B-16
City-State-Zip:	LABELLE FL 33935

Title	S/T
Name	BRUCE, EMILY LS
Address	900 AQUA ISLES BLVD, B-16
City-State-Zip:	LABELLE FL 33935

Title	D
Name	WEBSTER, RONALD WT
Address	900 AQUA ISLES BLVD, B-15
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

Title	ASST. TREASURER
Name	BONDURANT, LINDA
Address	900 AQUA ISLES BLVD. LOT J30
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 L. BRUCE**SECRETARY/TREASURER 03/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date