

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 041 ****61.25

DOCUMENT # 708057

1. Entity Name
**CHILD EVANGELISM FELLOWSHIP OF NORTH CENTRAL
FLORIDA, INC.**



Principal Place of Business
**2615 NW 6TH STREET
GAINESVILLE, FL 32609**

Mailing Address
**2615 NW 6TH STREET
GAINESVILLE, FL 32609**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1000180

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, STEVE
2615 NW 6TH STREET
SUITE #E
GAINESVILLE, FL 32609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **SUMMERLIN, STEVE**
STREET ADDRESS **4014 NW 15TH STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **VD** ☐ Delete
NAME **BLAKELY, TROY**
STREET ADDRESS **152 NW SEMINARY STREET**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE **TD** ☐ Delete
NAME **THOMAS, PAULETTE**
STREET ADDRESS **4509 NE 18TH TRAIL**
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **SD** ☐ Delete
NAME **THOMAS, ROBERT**
STREET ADDRESS **4509 NE 18TH TRAIL**
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **D** ☐ Delete
NAME **COLE, RONALD**
STREET ADDRESS **2236 37TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Delete
NAME **COLE, KAREN**
STREET ADDRESS **2236 NW 37TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☒ Addition
NAME **Jolly, Carleen D.**
STREET ADDRESS **516 SE 75 St. Gainesville, FL 32641**

TITLE **D** ☒ Change ☐ Addition
NAME **Thomas, Robert**
STREET ADDRESS **4509 NE 18 Trail Trenton, FL 32693**

TITLE **D** ☐ Change ☒ Addition
NAME **Eason, Carolyn C.**
STREET ADDRESS **1217 NE 25 Terr. Gainesville, FL 32641**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Steve Summerlin

7/05/07

352-372-3681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #