

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708057

FILED
Mar 27, 2009
Secretary of State

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

Current Principal Place of Business:

2615 NW 6TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2615 NW 6TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-1000180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SUMMERLIN, STEVE
Address: 4014 NW 15TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: THOMAS, ROBERT
Address: 4509 NE 18 TRAIL
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: EASON, CAROLYN C
Address: 1217 NE 25 TERR.
City-St-Zip: GAINESVILLE, FL 32641

Title: VD () Delete
Name: BLAKELY, TROY
Address: 152 SEMINARY AVE
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: COLE, RONALD
Address: 2236 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: COLE, KAREN
Address: 2236 NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: THOMAS, ROBERT
Address: 4509 NE 18 TRAIL
City-St-Zip: TRENTON, FL 32693

Title: SD (X) Change () Addition
Name: MELCHOIR, JUANITA S
Address: 10251 NE 92ND PLACE
City-St-Zip: BRONSON, FL 32621

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVE CARLSON

RA

03/27/2009

Electronic Signature of Signing Officer or Director

Date