

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710504

FILED
Mar 27, 2009
Secretary of State

Entity Name: CHRISTIAN FELLOWSHIP MISSION, INC.

Current Principal Place of Business:

1752 APEX ROAD
UNIT D
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50035
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-6205872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEL, ANNAMARY
1752 APEX ROAD
UNIT D
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SHUE, JOLENE
2546 RIVER RIDGE DRIVE
SARASOTA, FL 34239 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: JOLENE SHUE

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHROCK, RANDALL
Address: 17661 DEER PRAIRIE DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: MILLER, MORRIS
Address: 7906 - 213TH STREET EAST
City-St-Zip: BRADENTON, FL 34202

Title: TD () Delete
Name: SHUE, JOLENE
Address: 2546 RIVER RIDGE DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: KENNEL, JENNIE
Address: 5247 MYAKKA VALLEY TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: KENNEL, ANNAMARY
Address: 1752 APEX ROAD, UNIT D
City-St-Zip: SARASOTA, FL 34240

Title: D (X) Delete
Name: EMBLETON, MERLE
Address: 10789 MEMORY ROAD
City-St-Zip: HARRINGTON, DE 19952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: KENNEL, MERVIN
Address: 5247 MYAKKA VALLEY TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: D (X) Change () Addition
Name: SHUE, RICHARD
Address: 2546 RIVER RIDGE DRIVE
City-St-Zip: SARASOTA, FL 34239

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: JOLENE SHUE

TD

03/27/2009

Electronic Signature of Signing Officer or Director

Date