


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 727818</b>	
1. Entity Name <b>THE CHRISTIAN FELLOWSHIP OF BROOKSVILLE, INC.</b>	

Principal Place of Business <b>7391 LYKES DUBLIN RD BROOKSVILLE, FL 34601 US</b>	Mailing Address <b>7391 LYKES DUBLIN RD BROOKSVILLE, FL 34601 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2304450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ROBERTS, JAMES E SR 7391 LYKES DUBLIN RD BROOKSVILLE, FL 34601</b>
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IN THIS SPACE**

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: <u><i>James E. Roberts</i></u> <u><i>James E. Roberts</i></u> <u><i>4-5-07</i></u>
<small>Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature is required when rechartering.) DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, MR GERALD 6144 NEFF LK RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, ROSSO 13119 TAFT ST. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, JAMES E. 7391 LYKES DUBLIN RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RATTERREE, TIM 37200 LOCK ST DADE CITY, FL 33523.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000696798  
04/18/07-80014-004 61.25

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: <u><i>James E. Roberts</i></u> <u><i>James E. Roberts</i></u> <u><i>4-5-07</i></u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date to Print</small>