2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 727818

Entity Name: THE CHRISTIAN FELLOWSHIP OF BROOKSVILLE, INC.

Current Principal Place of Business:

7391 LYKES DUBLIN RD
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

7391 LYKES DUBLIN RD
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-2304450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, JAMES E SR
7391 LYKES DUBLIN RD
BROOKSVILLE, FL 34601 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: VD ( ) Delete
Name: SMITH, MR GERALD
Address: 6144 NEFF LK RD
City-St-Zip: BROOKSVILLE, FL

Title: STD ( ) Delete
Name: JACKSON, ROSSO
Address: 13119 TAFT ST.
City-St-Zip: BROOKSVILLE, FL

Title: PD ( ) Delete
Name: ROBERTS, JAMES E.
Address: 7391 LYKES DUBLIN RD
City-St-Zip: BROOKSVILLE, FL

Title: S ( ) Delete
Name: RATTERREE, TIM
Address: 37200 LOCK ST
City-St-Zip: DADE CITY, FL 33523.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: EDDIE ROBERTS JR.
Address: 15003 GONZO RD
City-St-Zip: BROOKSVILLE, FL 34614 US

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: JAMES E. ROBERTS SR. PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date