

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 739023

1. Entity Name

CHRISTIAN FELLOWSHIP CENTER, INC.



Principal Place of Business

9840 S.W. 165 TERR.
MIAMI FL 33157

Mailing Address

9840 S.W. 165 TERR.
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0036926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, EMERSON
9840 S.W. 165 TERR.
MIAMI FL 33157

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD ☐ Delete
NAME KING, EMERSON
STREET ADDRESS 9840 S.W. 165 TERR.
CITY- ST- ZIP MIAMI FL

TITLE VD ☐ Delete
NAME KING, MILDRED
STREET ADDRESS 9840 S.W. 165 TERR.
CITY- ST- ZIP MIAMI FL

TITLE D ☐ Delete
NAME KING, ANNA
STREET ADDRESS 9840 S.W. 165TH TERRACE
CITY- ST- ZIP MIAMI FL

TITLE STD ☐ Delete
NAME MOKHER, MARY
STREET ADDRESS 7725 S.W. 141ST ST.
CITY- ST- ZIP MIAMI FL

TITLE D ☐ Delete
NAME KING, THOMAS C.
STREET ADDRESS 8640 S.W. 125TH TERR
CITY- ST- ZIP MIAMI FL

TITLE D ☐ Delete
NAME KING, EMILY J.
STREET ADDRESS 9840 S.W. 165TH TERRACE
CITY- ST- ZIP MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS U000000261933
CITY- ST- ZIP 03/14/05-80032-011 61.25

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

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

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CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Emerson J. King* EMERSON J. KING 03-09-05 305 238-6456
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #