


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 739023</b> 1. Entity Name CHRISTIAN FELLOWSHIP CENTER, INC.	
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Principal Place of Business 9840 S.W. 165 TERR. MIAMI, FL 33157	Mailing Address 9840 S.W. 165 TERR. MIAMI, FL 33157
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01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0036926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KING, EMERSON 9840 S.W. 165 TERR. MIAMI, FL 33157
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, EMERSON 9840 S.W. 165 TERR. MIAMI FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, MILDRED 9840 S.W. 165 TERR. MIAMI FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, ANNA 9840 S.W. 165TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOKHER, MARY 7725 S.W. 141ST ST. MIAMI FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, THOMAS C. 8640 S.W. 125TH TERR MIAMI FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, EMILY J. 9840 S.W. 165TH TERRACE MIAMI, FL

U000000380426  
01/11/06-80012-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Emerson J. King **EMERSON J. KING** 01-05-06 205 238-6456  
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNING OFFICER OR DIRECTOR Date 01-05-06 Daytime Phone # 205 238-6456