


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

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90026 003 ****61.25

DOCUMENT # 760541
 1. Entity Name
CHRISTIAN FELLOWSHIP RADIO, INC.



Principal Place of Business Mailing Address
6407 13TH STREET COUNT EAST **6407 13TH STREET COUNT EAST**
BRADENTON FL 34203 **BRADENTON FL 34203**

40015348



1st MOORE CR2E037 (10/04)

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 Applied For
59-2160141 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRUBAKER, LOWELL
6407 13TH ST CT E
BRADENTON FL 34203

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	BRUBAKER, LOWELL A	
STREET ADDRESS	6407 13TH ST CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUBAKER, JOANN	
STREET ADDRESS	41 PAYNE LANDING LN	
CITY-ST-ZIP	FISHERSVILLE VA 22039-2705	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRUBAKER, ROBERT	
STREET ADDRESS	RT 2 BOX 197	
CITY-ST-ZIP	FISHERSVILLE VA 22939	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALUEG, DIANNE R.	
STREET ADDRESS	940 W CUYLER ST	
CITY-ST-ZIP	CHICAGO IL 60613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUBAKER, JOANN	
STREET ADDRESS	34 LYNHURST RD.	
CITY-ST-ZIP	LYNDHURST, VA. 22952	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUBAKER, ROBERT	
STREET ADDRESS	34 LYNHURST RD.	
CITY-ST-ZIP	LYNDHURST, VA 22952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(i), 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: *Lowell Brubaker* **Lowell Brubaker, Pres.** 1/28/05 941 755 6689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone