

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # 760541**

1. Entity Name

CHRISTIAN FELLOWSHIP RADIO, INC.

Principal Place of Business

Mailing Address

6407 13TH STREET COUNT EAST  
 BRADENTON FL 34203

6407 13TH STREET COUNT EAST  
 BRADENTON FL 34203

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2160141

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: BRUBAKER, LOWELL A  
 STREET ADDRESS: 6407 13TH ST CT E  
 CITY-STATE-ZIP: BRADENTON FL 34203  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: U00000598740  
 CITY-STATE-ZIP: 01/24/07-80088-002 61.25

TITLE: VD  Delete  
 NAME: BRUBAKER, JOANN  
 STREET ADDRESS: 34 LYNTHURST RD  
 CITY-STATE-ZIP: LYNTHURST VA 22952

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-STATE-ZIP:  Change  Addition

TITLE: TD  Delete  
 NAME: BRUBAKER, ROBERT  
 STREET ADDRESS: 34 LYNTHURST RD  
 CITY-STATE-ZIP: LYNTHURST VA 22952

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-STATE-ZIP:  Change  Addition

TITLE: SD  Delete  
 NAME: MALUEG, DIANNE R.  
 STREET ADDRESS: 940 W CUYLER ST  
 CITY-STATE-ZIP: CHICAGO IL 60613

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-STATE-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-STATE-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-STATE-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-STATE-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-STATE-ZIP:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lowell Brubaker Lowell Brubaker 1/16/07 941-755-6689