

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 766181</b>	
1. Entity Name <b>CHRIST BIBLE FELLOWSHIP, INCORPORATED</b>	
Principal Place of Business <b>5804 NW 158TH ST. ALACHUA, FL 32615 US</b>	Mailing Address <b>5804 NW 158TH ST ALACHUA, FL 32615 US</b>



03212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2347841</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>COURTNEY, THOMAS 5804 NW 158 ST ALACHUA, FL 32615</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COURTNEY, THOMAS 5804 N.W. 158TH STREET ALACHUA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIDER, BURT 204 DIAMOND DRIVE HAWTHORN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COURTNEY, FRANCES 5804 NW 158TH STREET ALACHUA, FL
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04/10/07-80027-012 61.25

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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.	
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<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/30/07</b> <small>Date</small>	<small>Daytime Phone #</small>
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