


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769019**  
 1. Entity Name  
 TRI-STATE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business      Mailing Address  
 TRI-STATE CHRISTIAN FELLOWSHIP, INC      6443 MOONLIGHT LN  
 100 CHRISTIAN CAMP RD      CRESTVIEW, FL 32539  
 DEFUNIAK SPRINGS, FL 32433 US

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
 59-2966414      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MURCHISON, FLORETTE  
 6443 MOONLIGHT LN  
 CRESTVIEW, FL 32539

**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: Florette Murchison      DATE: 2-19-08

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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BAKER, BILL
STREET ADDRESS	8018 BAYOU GEORGE DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VC
NAME	MEEKS, DON
STREET ADDRESS	3724 MUNDON WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	MURCHISON, FLORETTE
STREET ADDRESS	6443 MOONLIGHT LN
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	C
NAME	HART, THOMAS
STREET ADDRESS	1319 HIGH ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	CAY, ROY
STREET ADDRESS	310 WASHINGTON AVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	S
NAME	DAY, SHARON
STREET ADDRESS	1200 PECAN DR
CITY-ST-ZIP	BAINBRIDGE, GA 31717

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U00000839583  
 03/06/08-80015-002 61.25

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: Florette Murchison      Date: 2-19-08      Daytime Phone #: 850-682-1504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #