

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769019

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** TRI-STATE CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

TRI-STATE CHRISTIAN FELLOWSHIP, INC  
100 CHRISTIAN CAMP RD  
DEFUNIAK SPRINGS, FL 32433 US

**New Principal Place of Business:**

**Current Mailing Address:**

6443 MOONLIGHT LN  
CRESTVIEW, FL 32539

**New Mailing Address:**

**FEI Number:** 59-2966414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURCHISON, FLORETTE  
6443 MOONLIGHT LN  
CRESTVIEW, FL 32539 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAKER, BILL  
Address: 8018 BAYOU GEORGE DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: VC ( ) Delete  
Name: MEEKS, DON  
Address: 3724 MUNDON WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete  
Name: MURCHISON, FLORETTE  
Address: 6443 MOONLIGHT LN  
City-St-Zip: CRESTVIEW, FL 32539

Title: C ( ) Delete  
Name: HART, THOMAS  
Address: 1319 HIGH ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: CAY, ROY  
Address: 310 WASHINGTON AVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: S ( ) Delete  
Name: DAY, SHARON  
Address: 1200 PECAN DR  
City-St-Zip: BAINBRIDGE, GA 31717

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORETTE MURCHISON

T

01/31/2009

Electronic Signature of Signing Officer or Director

Date