

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769019

FILED
Jan 14, 2011
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
Name: BAKER, BILL
Address: 8018 BAYOU GEORGE DRIVE
City-St-Zip: PANAMA CITY, FL 32401

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FLORETTE MURCHISON

TREA

01/14/2011

Electronic Signature of Signing Officer or Director

Date