

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # 770544

1. Entity Name
CHRIST CENTER FELLOWSHIP, INC.



Principal Place of Business
**2130 HIGHVIEW RD.
BRANDON, FL 33510-2003**

Mailing Address
**2130 HIGHVIEW RD.
BRANDON, FL 33510-2003**



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2330632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, TERRY H.
2310 HIGHVIEW ROAD
BRANDON, FL 33511**

**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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
JONES, TERRY H.
1725 HAPPY ACRES LN
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MCCLENDON, DENNIS
865 BAYOU VIEW DR.
BRANDON, FL 33510**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
HOENING, CHUCK
402 BAYFIELD DR.
BRANDON, FL 33510**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000391206
01/24/06-80032-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY H. JONES 1230000 (813) 685-5888

Date

Daytime Phone #