2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 8:00 am **Secretary of State** DOCUMENT # F96000005487 1. Entity Name 01-28-2005 90030 020 ***150.00 CHRISTIAN, RESEARCH & FELLOWSHIP, INC. Principal Place of Business Mailing Address 3551 SCENIC HWY 98 4421 COMMONS DR. E DESTON FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 504 SLALOM Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 58-2060152 TEST SANTA ROSA BCH Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDRICKS, JOHN 3551 SCENIC HWY 98 Street Address (P.O. Box Number is Not Acceptable) 4A DESTON FL 32541 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 \$5.00 May Be Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DCP DCP Change TITLE ☐ Delete TITLE ☐ Addition HENDRICKS, JOHN NAME HENDRICKS, JOHN NAME 3551 SCENIC HWY 98 4A STREET ADDRESS 355 504 SLALOM WAY STREET ADDRESS CITY-ST-ZIP CITY-SI-7/P DESTON FL 32541 SANTA ROSA BCH, TITLE Change ☐ Addition ☐ Delete TITLE HENDRICKS, ROCHELLE L NAME HENDRICKS ROCHELLE NAME 3551 SCENIC HWY 98 4A STREET ADDRESS STREET ADDRESS. 504 SLALON WAY DESTON FL 32541 CITY-ST-ZIP 32459 CITY-ST-ZIP SANTA ROSA BCH ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATUR

FILED

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