2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N00000002462

Entity Name: CHRIST FAMILY FELLOWSHIP, INC.

Current Principal Place of Business:

6501 NW ST. JAMES DRIVE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

6501 NW ST. JAMES DRIVE
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-1008417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KHOURIE, GERARD
6501 NW ST. JAMES DRIVE
PORT SAINT LUCIE, FL 34983 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:	PD	( ) Delete
Name:	KHOURIE, GERARD	
Address:	6501 NW ST. JAMES DRIVE	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	SD	( ) Delete
Name:	KENDALL, RICK	
Address:	1429 SE PROCTOR LANE	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	TD	( ) Delete
Name:	REITER, GEORGIANN	
Address:	257 SE VERADA AVE.	
City-St-Zip:	PORT ST LUCIE, FL 34952	
Title:	A	( ) Delete
Name:	MCDONALD, LEO	
Address:	3276 SE QUAY STREET	
City-St-Zip:	PORT SAINT LUCIE, FL 34984	

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:	

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: GERARD KHOURE DR 04/02/2009

Electronic Signature of Signing Officer or Director — Date