

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008115

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** FELLOWSHIP OF CHRISTIAN LIFE CHURCH, INC.

**Current Principal Place of Business:**

9982 LAKE GEORGIA DR.  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

200 CAROLINA AVE  
302  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 59-3757768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JONES, WILLIAM L  
9982 LAKE GEORGIA DR.  
ORLANDO, FL 32817 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: CD ( ) Delete  
Name: JONES, WILLIAM L  
Address: 9982 LAKE GEORGIA DR.  
City-St-Zip: ORLANDO, FL 32817

Title: PD ( ) Delete  
Name: MAXEY, RICHARD S  
Address: 3820 OLD LOCKWOOD RD  
City-St-Zip: OVIEDO, FL 32765

Title: CFOD ( ) Delete  
Name: ANDERSON, DORIS J  
Address: 200 CAROLINA AVE., APT. 302  
City-St-Zip: WINTER PARK, FL 32789

Title: VPD ( ) Delete  
Name: HALL, GENE  
Address: 2820 S PARK AVE  
City-St-Zip: SANFORD, FL 32773

Title: SD ( ) Delete  
Name: BALLARD, CHERYL L  
Address: 3219 LAKE TYLO RD  
City-St-Zip: ORLANDO, FL 32817

**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:

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: DORIS J. ANDERSON

CFOD

04/25/2007

Electronic Signature of Signing Officer or Director

Date