2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# N01000004217

Entity Name: CHRISTIAN RECOVERY FELLOWSHIP, INC.

Current Principal Place of Business:

P.O. BOX #311
INVERNESS, FL 34451 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX #311
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-3715684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUNK, BRUCE R
2609 E. MARCIA ST.
INVERNESS, FL 34453 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: PSD ( ) Delete
Name: BRUNK, BRUCE R
Address: 2609 E MARCIA ST.
City-St-Zip: INVERNESS, FL 34453 US

Title: VTD ( ) Delete
Name: BRUNK, MICHELLE L
Address: 2609 E MARCIA ST.
City-St-Zip: INVERNESS, FL 34453 US

Title: D ( ) Delete
Name: LIQUET, ALBERT
Address: 314 S. SAMINOLE AVE.
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete
Name: MIXON-PATTERSON, MARY
Address: 7979 PENBROOKE LANE
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LIQUET, LYDIA
Address: 314 S. SEMINOLE AVE.
City-St-Zip: INVERNESS, FL 34452

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE R. BRUNK PSD 02/15/2005

Electronic Signature of Signing Officer or Director — Date