

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004217

FILED
Mar 23, 2006
Secretary of State

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, LYDIA
Address: 314 S. SEMINOLE 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: DAWSON, JAMES
Address: 1671 W. PINION LANE
City-St-Zip: DUNNELLON, FL 34434

Title: D (X) Change () Addition
Name: WILLIS, LEARY
Address: 15 N. UMBER PT.
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE R BRUNK

P

03/23/2006

Electronic Signature of Signing Officer or Director

Date