2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007
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:

2242 HWY 44 W
INVERNESS, FL 34453 US

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:	DAWSON, JAMES	
Address:	1671 W. PINION LANE	
City-St-Zip:	DUNNELLON, FL 34434	
Title:	D	( ) Delete
Name:	WILLIS, LEARY	
Address:	15 N. UMBER PT.	
City-St-Zip:	INVERNESS, FL 34450	

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:	D	(X) Change ( ) Addition
Name:	SCHIRMER, JOYCE A	
Address:	814 PRITCHARD ISLAND ROAD	
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 PSD 02/27/2007

Electronic Signature of Signing Officer or Director — Date