

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008481

1. Entity Name
**CHRIST FELLOWSHIP CHURCH OF GOD IN CHRIST,
INC.**



Principal Place of Business
**1210 NW 27TH AVE
POMPANO BEACH, FL 33069**

Mailing Address
**702 CHATELAINE BLVD EAST
DELRAY BEACH, FL 33445-2211**



03282008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1158178

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**DURDEN, CLIFFORD H JR
702 CHATELAINE BLVD EAST
DELRAY BEACH, FL 33445-2211**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KINTCHEN, ROBERT JR
673 NW 20TH CT.
POMPANO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DURDEN, CLIFFORD H JR
702 CHATELAINE BLVD.
DELRAY BEACH, FL 334452211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
KINTCHEN, GOLDIE
673 NW 20TH CT.
POMPANO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
TILLMAN, ELIZABETH
701 NW 10TH ST.
POMPANO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DURDEN, BRENDA H
702 CHATELAINE BLVD EAST
DELRAY BEACH, FL 334452211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CHAMBERS, JAMES
3321 NW 8TH PL
FT. LAUDERDALE, FL 33311**

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04/22/06-00158-006 20.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clifford H. Durden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 (561) 715-1376
Date Daytime Phone if