


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90003 010 ****61.25

DOCUMENT # N01000008481	
1. Entity Name	
CHRIST FELLOWSHIP CHURCH OF GOD IN CHRIST, INC.	

Principal Place of Business	Mailing Address
1210 NW 27TH AVE POMPAO BEACH FL 33069	702 CHATELAINE BLVD EAST DELRAY BEACH FL 33445-2211



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E037 (4/07)

4. FEI Number	Applied For
65-1158178	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
DURDEN, CLIFFORD H JR 702 CHATELAINE BLVD EAST DELRAY BEACH FL 33445-2211	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINTCHEN, ROBERT JR	NAME	
STREET ADDRESS	673 NW 20TH CT.	STREET ADDRESS	
CITY-ST-ZIP	POMPAO BEACH FL 33060	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURDEN, CLIFFORD H JR	NAME	
STREET ADDRESS	702 CHATELAINE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445-2211	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINTCHEN, GOLDIE	NAME	
STREET ADDRESS	673 NW 20TH CT.	STREET ADDRESS	
CITY-ST-ZIP	POMPAO BEACH FL 33060	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, ELIZABETH	NAME	
STREET ADDRESS	701 NW 10TH ST.	STREET ADDRESS	
CITY-ST-ZIP	POMPAO BEACH FL 33060	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURDEN, BRENDA H	NAME	
STREET ADDRESS	702 CHATELAINE BLVD EAST	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445-2211	CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, JAMES	NAME	DT Chambers, MARY
STREET ADDRESS	3321 NW 8TH PL	STREET ADDRESS	3321 NW 8th PL
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	CITY-ST-ZIP	Ft Lauderdale, FL 33311

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 Clifford H. Durden June 5, 2007 (561) 498-7578