2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N01000008509

Entity Name: CHRIST FELLOWSHIP INC.

Current Principal Place of Business:

12714 TYLER RUN AVE.
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

12714 TYLER RUN AVE.
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 04-3591831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERTON, PATTY
12714 TYLER RUN AVE.
ODESSA, FL 33556 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: SD ( ) Delete
Name: MOODY, CHRISTINA
Address: 1998 OTTER WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: DV ( ) Delete
Name: SMITH, STEVE
Address: 1075 BERKSHIRE LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete
Name: SPANGENBURG, GRACE
Address: 15606 DORNOCH
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete
Name: ANDERTON, PATTY
Address: 12714 TYLER RUN AVE
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: SHOEMAKER, ADAM
Address: 1108 EAST COURT STREET
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: TOM, SOUSA
Address: 3574 JUSTIN DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change ( ) Addition
Name: SPANGENBURG, ROBERT
Address: 15606 DORNOCH
City-St-Zip: ODESSA, FL 33556

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

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: PATTY ANDERTON TD 04/30/2004

Electronic Signature of Signing Officer or Director — Date