

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008509

FILED  
Mar 16, 2008  
Secretary of State

Entity Name: CHRIST FELLOWSHIP INC.

## Current Principal Place of Business:

5178 GRAND AVE  
NEW PORT RICHEY, FL 34652 US

## New Principal Place of Business:

## Current Mailing Address:

12714 TYLER RUN AVE.  
ODESSA, FL 33556 US

## New Mailing Address:

5178 GRAND AVE  
NEW PORT RICHEY, FL 34652 US

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: D ( ) Delete  
Name: SPANGENBURG, ROBERT  
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

Title: P (X) Delete  
Name: JONES, TERRY  
Address: 3121 CABLE DR  
City-St-Zip: HOLIDAY, FL 34691

## 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: P (X) Change ( ) Addition  
Name: JONES, TERRY  
Address: 3121 CABLE DR  
City-St-Zip: HOLIDAY, FL 34691

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

I hereby certify that the information supplied with this filing does not qualify 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: PATTY ANDERTON

TD

03/16/2008

Electronic Signature of Signing Officer or Director

Date