## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008509

FILED Apr 05, 2009 Secretary of State

Entity Nan	1e: CHRIST FELLOW	SHIP INC.			
Current Principal Place of Business:			New Principal Place of Business:		
5178 GRAN NEW POR	ND AVE T RICHEY, FL 34652	US			
Current Mailing Address:			New Mailing Address:		
5178 GRAN NEW POR	ND AVE T RICHEY, FL 34652	US			
FEI Number:	04-3591831 FEI Nui	mber Applied For()	FEI Number Not Appl	Olicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
ANDERTO 12714 TYLE ODESSA, F	ER RUN AVE.				
The above in the State		his statement for the p	urpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	E:				
	Electronic Signa	ture of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD () Delete MOODY, CHRISTINA 1998 OTTER WAY PALM HARBOR, FL 3468	55	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BOWMAN, TODD P.O. BOX 919 CRYSTAL BEACH, FL 34681	
Title: Name: Address: City-St-Zip:	D ( ) Delete SPANGENBURG, ROBER 15606 DORNOCH ODESSA, FL 33556	т	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () Delete ANDERTON, PATTY 12714 TYLER RUN AVE ODESSA, FL 33556		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) Delete JONES, TERRY 3121 CABLE DR HOLIDAY, FL 34691		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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 04/05/2009