2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# N01000008788

Entity Name: CHRIST OUR SAVIOR FELLOWSHIP INC.

Current Principal Place of Business:

3094 CROSS CREEK CT.
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

3094 CROSS CREEK CT.
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3758709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIGH, DAVID E PASTOR
3094 CROSS CREEK CT.
SAINT CLOUD, FL 34769 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:	PD	( ) Delete
Name:	NIGH, DAVID	
Address:	3094 CROSS CREEK CT.	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	VD	( ) Delete
Name:	WOODROW, ROBERT	
Address:	617 PENNSYLVANIA AVE	
City-St-Zip:	ST. CLOUD, FL 34769	
Title:	S	( ) Delete
Name:	BEAN, JANET	
Address:	1206 MINNESOTA AVE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	T	( ) Delete
Name:	LIST, JOSEPH	
Address:	5653 E. IRLO BRONSON HWY	
City-St-Zip:	STR. CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	BEAN, ROGER	
Address:	1206 MINNESOTA AVE.	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	D	( ) Delete
Name:	GUILMETTE, PATRICK	
Address:	3081 CROSS CREEK CT	
City-St-Zip:	SAINT CLOUD, FL 34769	

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FOURNIER, RAYMOND	
Address:	509 JERSEY AVE.	
City-St-Zip:	SAINT CLOUD, FL 34769	

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID E> NIGH PD 04/21/2007

Electronic Signature of Signing Officer or Director — Date