2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
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: GIONET, THOMAS
Address: 3830 CREEK BED CIRCLE
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: FOURNIER, RAYMOND
Address: 509 JERSEY AVE.
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: ( ) 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: DAVID E. NIGH PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date