## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008788

Jan 27, 2011 Secretary of State

Entity Name: CHRIST OUR SAVIOR FELLOWSHIP INC.

US

**Current Principal Place of Business: New Principal Place of Business:** 

3094 CROSS CREEK CT. SAINT CLOUD, FL 34769

**Current Mailing Address: New Mailing Address:** 

3094 CROSS CREEK CT. SAINT CLOUD, FL 34769

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NIGH, DAVID E PASTOR 3094 CROSS CREEK CT. SAINT CLOUD, FL 34769

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:**

NIGH, DAVID Name:

Address: 3094 CROSS CREEK CT. City-St-Zip: SAINT CLOUD, FL 34769

Title: VD

Name: GIONET, THOMAS Address: 3830 CREEK BED CIRCLE City-St-Zip: ST. CLOUD, FL 34769

Title:

BEAN, JANET Name: Address: 1206 MINNESOTA AVE City-St-Zip: SAINT CLOUD, FL 34769

Title:

Name: LIST, JOSEPH

5653 E. IRLO BRONSON HWY Address:

City-St-Zip: STR. CLOUD, FL 34771

Title:

BEAN, ROGER Name: 1206 MINNESOTA AVE. Address: SAINT CLOUD, FL 34769 City-St-Zip:

Title:

FOURNIER, RAYMOND Name: Address: 509 JERSEY AVE. SAINT CLOUD, FL 34769 City-St-Zip:

I hereby 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 all other like empowered.

Ρ SIGNATURE: DAVID NIGH 01/27/2011