


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90080 039 \*\*\*\*61.25

<b>DOCUMENT # N03000005499</b>	
1. Entity Name <b>CHRISTIAN FELLOWSHIP COMMUNITY CHURCH, INC.</b>	

Principal Place of Business <b>NORTH COUNTY ROAD 307A TRENTON, FL</b>	Mailing Address <b>PO 699 TRENTON, FL 32693</b>
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2. Principal Place of Business <b>416 N. Main St.</b>	3. Mailing Address <b>P. O. Box 2146</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Trenton, FL</b>	City & State <b>Trenton, FL</b>
Zip <b>32693</b>	Zip <b>32693</b>
Country <b>Gilchrist</b>	Country <b>Gilchrist</b>

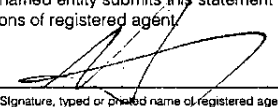


04052004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1194705</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALEY, CLOUD E 621 NE 2ND STREET TRENTON, FL 32693		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Cloud E. Haley** DATE **4/7/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONG, STEPHEN</b> <b>1005 NW 17TH AVE</b> <b>CHIEFLAND, FL 32626</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALEY, CLOUD N E</b> <b>PO BOX 699</b> <b>TRENTON, FL 32693</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUGGLES, CHRISTOPHER</b> <b>PO BOX 996</b> <b>BELL, FL 32619</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STONEKING, HELEN</b> <b>4651 NW 155TH STREET</b> <b>TRENTON, FL 32693</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOYD, JUDY</b> <b>5180 SW CR 341</b> <b>TRENTON, FL 32693</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Cloud E. Haley** **04/07/2004** **(352) 463-2917**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #