

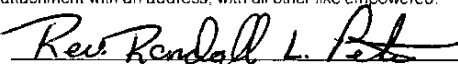


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90183 005 ****61.25

DOCUMENT # N03000005499 1. Entity Name CHRISTIAN FELLOWSHIP COMMUNITY CHURCH, INC.					
Principal Place of Business 416 N MAIN ST. TRENTON, FL 32693			Mailing Address PO BOX 2146 TRENTON, FL 32693		
2. Principal Place of Business 1879 S U.S. Highway 129		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bell Florida		City & State		4. FEI Number 65-1194705	
Zip 32619		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERS, RANDALL L REV- 1900 NW 55 AVENUE BELL, FL 32619			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1869 S U.S. Highway 129 City Bell State FL Zip Code 32619		
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 Rev. Randall L. Peters <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		2-27-06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, STEPHEN 1005 NW 17TH AVE CHIEFLAND, FL 32626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, SHANE 9730 SW 55 AVE TRENTON, FL 32693	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUGGLES, CHRISTOPHER PO BOX 996 BELL, FL 32619	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONEKING, HELEN 4651 NW 155TH STREET TRENTON, FL 32693	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, JUDY 5180 SW CR 341 TRENTON, FL 32693	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-27-06 <small>Date</small>			
<small>Daytime Phone #</small>		<small>Daytime Phone #</small>			