


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 012 ****61.25

DOCUMENT # N03000005499	
1. Entity Name CHRISTIAN FELLOWSHIP COMMUNITY CHURCH, INC.	

Principal Place of Business 1879 S. US HIGHWAY 129 BELL, FL 32619	Mailing Address PO BOX 2146 TRENTON, FL 32693
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1194705	Applied For <input type="checkbox"/> Not Applicable
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 1869 S. US HIGHWAY 129 BELL, FL 32619	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
D BOYD, RONALD S 5180 SW COUNTY RD 341 TRENTON, FL 32693	
D DAVIS, SHANE 9730 SW 55 AVE TRENTON, FL 32693	<input type="checkbox"/> Delete
D RUGGLES, CHRISTOPHER 670 NW 20 AVE BELL, FL 32619	<input checked="" type="checkbox"/> Delete
T STONEKING, HELEN 4651 NW 155TH STREET TRENTON, FL 32693	<input type="checkbox"/> Delete
D BOYD, JUDY 5180 SW CR 341 TRENTON, FL 32693	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Teresa Williams 7360 SE 30th. St. Newberry, FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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: *Kou Kennedy Pitts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-08

Date Daytime Phone #