2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008708

Name:

Address:

City-St-Zip:

2026 SW 81 WAY

DAVIE. FL 33324

Apr 27, 2004 Secretary of State

Entity Name: COMMUNITY FELLOWSHIP MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1211 SOUTH 23RD AVENUE HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** 1211 SOUTH 23RD AVENUE HOLLYWOOD, FL 33020 FEI Number: 86-1083860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, ROBIN 1211 SOUTH 23RD AVENUE HOLLYWOOD, FL 33020 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARTIN, ROBIN Name: Name: Address: 1211 SOUTH 23RD AVENUE Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PERKINS, BASILISA Name: Address: 730 SW 67TH AVENUE Address: City-St-Zip: PEMBROKE PINES, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition GREGG, ROBERT

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBIN MARTIN DC 04/27/2004