

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009352

FILED
Apr 26, 2007
Secretary of State

Entity Name: FELLOWSHIP OF CHRISTIAN BUSINESS COMMUNITY, INC.

Current Principal Place of Business:

8301 N. 40TH ST.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8005
TAMPA, FL 33674

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADA, GABRIEL S
8301 N. 40TH ST.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DADA, GABRIEL S
Address: 8301 N. 40TH ST.
City-St-Zip: TAMPA, FL 33604

Title: SD () Delete
Name: FADARE, ABIOLA
Address: 7519 TERRACE RIVER DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: TD () Delete
Name: AFOLABI, DOKUN
Address: 27652 BREAKERS DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: FS () Delete
Name: OGUNDIPE, KAYODE
Address: 18205 HOLLYHILLS WAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: AFOLABI, DOKUN
Address: 18027 JAVA ISLE DR.
City-St-Zip: TAMPA, FL 33647

Title: FS (X) Change () Addition
Name: OGUNDIPE, KAYODE
Address: 10919 CORY LAKE DR.
City-St-Zip: TAMPA, FL 33647

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

SIGNATURE: ABIOLA FADARE

SD

04/26/2007

Electronic Signature of Signing Officer or Director

Date