

**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # N03128**

1. Entity Name  
**CHRISTIAN FELLOWSHIP CHURCH INC.**



Principal Place of Business  
**500 N. 15 STREET  
MEXICO BEACH, FL 32410 US**

Mailing Address  
**P.O. BOX 13635  
MEXICO BEACH, FL 32410 US**

*[Handwritten Signature]*

**FILED**

**06 MAR 14 PM 12:10**

**SECRET  
TALLAHASSEE, FLORIDA**



**03092006 Chg-NP CR2E037 (11/05)**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2907227</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent                        |  | 7. Name and Address of New Registered Agent        |  |
| <b>GIBSON, GUY<br/>274 SOUTH CANAL ST<br/>PORT SAINT JOE, FL 32456</b> |  | 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending) DATE

|                              |  |  |
|------------------------------|--|--|
| <b>Amended AR is \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to Florida Department of State</b> |
|------------------------------|--|--|

|  |   |   |   |
|--|---|---|---|
| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>GIBSON, GUY<br/>274 SOUTH CANAL ST<br/>PORT SAINT JOE, FL 32456</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>200069586052<br/>04/06/06--01012--001 **\$61.25</b>                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RESPRESS, JAMES<br/>105 RAVEN LANE<br/>WEWAHITCHKA, FL</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D T<br/>Respress, James<br/>105 Raven Lane<br/>Wewahitchka, FL.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>RESPRESS, VIRGINIA<br/>105 RAVEN LANE<br/>WEWAHITCHKA, FL</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>Granger, Laura<br/>737 Hwy. 71<br/>Wewahitchka, FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** *[Handwritten Signature]* **3-9-06 850-648-8871**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR