


2008 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90010 017 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2907227	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBSON, GUY 274 SOUTH CANAL ST PORT SAINT JOE, FL 32456			7. Name and Address of New Registered Agent Name Respress, James Street Address (P.O. Box Number is Not Acceptable) 105 RAVEN LN City WEWAHITCHKA FL Zip Code 32465		
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 <i>James A. Respress Jr.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1-4-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	DT GIBSON, GUY 274 SOUTH CANAL ST PORT SAINT JOE, FL 32456		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RESPRESS, JAMES 105 RAVEN LANE WEWAHITCHKA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RESPRESS, VIRGINIA 105 RAVEN LANE WEWAHITCHKA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRANGER, LAURA 737 HWY. 71 WEWAHITCHKA, FL		<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"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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: <i>Virginia Respress</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-4-08		
DAYTIME PHONE # 850-648-8891			TIME PHONE # 850-648-8891		