

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002249

FILED
Jan 25, 2006
Secretary of State

Entity Name: WORKPLACE CHRISTIAN FELLOWSHIP MINISTRY, INC.

Current Principal Place of Business:

12203 GLENCLIFF CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12203 GLENCLIFF CIRCLE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 51-0531840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARSON, RONALD D
2819 LONGVIEW DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

LARSON, RONALD D
12203 GLENCLIFF CIRCLE
TAMPA, FL 33626 US

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: _____

01/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARSON, RONALD D
Address: 2819 LONGVIEW DR
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: LARSON, MARILOU I
Address: 2819 LONGVIEW DR
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: KENNEDY, ABIGAIL J
Address: 39027 PARK DR
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LARSON, RONALD D
Address: 12203 GLENCLIFF CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: D (X) Change () Addition
Name: LARSON, MARILOU I
Address: 12203 GLENCLIFF CIRCLE
City-St-Zip: TAMPA, FL 33626

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD D. LARSON

D

01/25/2006

Electronic Signature of Signing Officer or Director

Date