

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002516

FILED
Jan 12, 2005
Secretary of State

Entity Name: ROME CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

3396 CERRITO CT
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

3396 CERRITO CT
NAPLES, FL 34109

New Mailing Address:

FEI Number: 03-0538060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINZIANO, JOHN L
3396 CERRITO CT
NAPLES, FL 34109 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: D () Delete
Name: OLFORD, DR STEPHEN J
Address: 4000 RIVERDALE RD
City-St-Zip: MEMPHIS, TN 38115

Title: D () Delete
Name: SOTTILE, DR GAETANO
Address: 1301 SHILOH RD #1720
City-St-Zip: KENNESAW, GA 30144

Title: D () Delete
Name: STINZIANO, JOHN
Address: 3396 CERRITO CT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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.

SIGNATURE: JOHN L. STINZIANO

PRES

01/12/2005

Electronic Signature of Signing Officer or Director

Date