2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002516

FILED Jan 18, 2006 Secretary of State

Entity Name: ROME CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

3396 CERRITO CT NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

3396 CERRITO CT NAPLES, FL 34109

FEI Number: 03-0538060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STINZIANO, JOHN L 3396 CERRITO CT NAPLES, FL 34109 US

OFFICERS AND DIRECTORS:

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

Electronic eignature of registered?

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 OLFORD, DR STEPHEN J
 Name:
 STINZIANO, JORDAN J

 Address:
 4000 RIVERDALE RD
 Address:
 24850 OLD 41 ROAD, SUITE 11

 City-St-Zip:
 MEMPHIS, TN 38115
 City-St-Zip:
 BONITA SPRINGS, FL 34135

Title: D () Delete Title: () Change () Addition

 Name:
 SOTTILE, DR GAETANO
 Name:

 Address:
 1301 SHILOH RD #1720
 Address:

 City-St-Zip:
 KENNESAW, GA 30144
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 STINZIANO, JÖHN
 Name:
 STINZIANO, JÖHN L

 Address:
 3396 CERRITO CT
 Address:
 3396 CERRITO CT

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

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: JOHN L. STINZIANO P 01/18/2006