

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006860

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** CROSSFIRE COMMUNITY FELLOWSHIP, INC.

**Current Principal Place of Business:**

13044 SPRING LAKE DR  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

13044 SPRING LAKE DR  
COOPER CITY, FL 33330

**New Mailing Address:**

**FEI Number:** 74-3126523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, ANDRES  
13044 SPRING LAKE DR  
COOPER CITY, FL 33330 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: FERNANDEZ, ANDRES  
Address: 13044 SPRING LAKE DR  
City-St-Zip: COOPER CITY, FL 33330

Title: D ( ) Delete  
Name: FERNANDEZ, JANETH  
Address: 13044 SPRING LAKE DR  
City-St-Zip: COOPER CITY, FL 33330

Title: D ( ) Delete  
Name: MAALOUF, MICHAEL  
Address: 2128 NOVA VILLAGE DR  
City-St-Zip: DAVIE, FL 33317

Title: D ( ) Delete  
Name: HERAMB, MARK  
Address: 9039 NW 40TH PLACE  
City-St-Zip: SUNRISE, FL 33351

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: ANDRES FERNANDEZ

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01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date