


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04442	
1. Entity Name CHRISTIAN FELLOWSHIP CHURCH OF GREEN COVE SPRINGS, INC.	

Principal Place of Business % SALAZAR, PAUL C. 500 SOUTH HIGHLAND AVENUE GREEN COVE SPRINGS FL 32043-5150 US	Mailing Address 852-1 WARNER RD GREEN COVE SPRINGS FL 32043 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2454843	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALAZAR, PAUL C. 852-1 WARNER ROAD GREEN COVE SPRINGS FL 32043
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ **U00000648146**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) **03/06/07-90100-013 61.25**
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

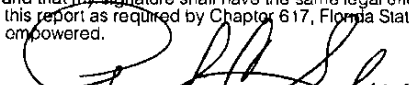
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SALAZAR, PAUL C. 852-1 WARNER RD GREEN COVE SPRGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD SALAZAR, BOBBIE C. 852-1 WARNER RD GREEN COVE SPRGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BURNS, DAWNA 5113 US HWY 17 S GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<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 Section 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: PAUL C. SALAZAR  2-20-07 (904) 284-5936