

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 009 ****61.25

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

2. Principal Place of Business - No P.O. Box #

502 SOUTH HIGHLAND AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREEN COVE SPRGS, FL 32043

City & State

City & State

Zip

32043

Country

USA

Zip

Zip

Country

Country

4. FEI Number

59-2454843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SALAZAR, PAUL C.
852-1 WARNER ROAD
GREEN COVE SPRINGS FL 32043**

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SALAZAR, PAUL C.
STREET ADDRESS 852-1 WARNER RD
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE STD ☐ Delete
NAME SALAZAR, BOBBIE C.
STREET ADDRESS 852-1 WARNER RD
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE D ☐ Delete
NAME BURNS, DAWNA
STREET ADDRESS 5113 US HWY 17 S
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 registered 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

PAUL C. SALAZAR

3-5-08 904 284-5936