

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04442

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** CHRISTIAN FELLOWSHIP CHURCH OF GREEN COVE SPRINGS, INC.

**Current Principal Place of Business:**

502 SOUTH HIGHLAND AVE  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

852-1 WARNER RD  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 59-2454843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SALAZAR, PAUL C.  
852-1 WARNER ROAD  
GREEN COVE SPRINGS, FL 32043 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:** PD  
**Name:** SALAZAR, PAUL C.  
**Address:** 852-1 WARNER RD  
**City-St-Zip:** GREEN COVE SPRGS, FL 32043

**Title:** STD  
**Name:** SALAZAR, BOBBIE C.  
**Address:** 852-1 WARNER RD  
**City-St-Zip:** GREEN COVE SPRGS, FL 32043

**Title:** D  
**Name:** BURNS, DAWNA D  
**Address:** 5113 US HWY 17 S  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL C. SALAZAR

PD

02/17/2010

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

\_\_\_\_\_  
Date