

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005694

FILED  
Feb 20, 2006  
Secretary of State

**Entity Name:** COMMUNITY FELLOWSHIP CHURCH OF BOYNTON BEACH INC.

**Current Principal Place of Business:**

515 NE 16TH AVE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

320 WATERSIDE DR  
HYOLUXO, FL 33462

**New Mailing Address:**

**FEI Number:** 61-1489986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, DEVON  
320 WATERSIDE DR  
HYPOLUXO, FL 33462 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: P ( ) Delete  
Name: SMITH, DEVON  
Address: 320 WATERSIDE DR  
City-St-Zip: HYPOLUXO, FL 33462

Title: S ( ) Delete  
Name: WILSON, DEGERA  
Address: 515 NE 16TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete  
Name: MARRERO, JOYETTE  
Address: 15 TARA LAKES DR E  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: MIKELL, ETHEL M  
Address: 1516 NW 4TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33436

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: DEVON SMITH, PRESIDENT

MR

02/20/2006

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

\_\_\_\_\_  
Date