2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State
05-30-2006 90040 033 ****61.25

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DOCUMENT # N05000007655

1. Entity Name
JESUS CHRIST EXTENDED FAMILY FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
202 STILLWATER RD NE WINTER HAVEN, FL 33881	202 STILLWATER RD NE WINTER HAVEN, FL 33881

05262006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O.Box 4632 Suite, Apt. #, etc.
City & State	City & State: WINTER HAVEN, FL
Zip / Country	Zip: 33885 / Country: POLK

4. FEI Number: 76-0798581 — Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEAL, PRISCILLA A 202 STILLWATER RD NE WINTER HAVEN, FL 33881	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 _____ DATE

Filing Fee is $61.25
Due by September 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WILSON, EMORY 1034 ANDERSON AVE LAKELAND, FL 33805 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SENIOR PASTOR/PRESIDENT PRISCILLA A. NEAL 202 STILLWATER RD NE WINTER HAVEN, FL 33881 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BELL, YOLANDA 2900 DUDLEY DR BARTOW, FL 33830 ☒ Delete RAN	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TAYLOR, VERN 510 LEMON STREET AUBURNDALE, FL 33823 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Priscilla Neal PRISCILLA NEAL 5/26/06 (863)293-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE