


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N05000007655		
1. Entity Name JESUS CHRIST EXTENDED FAMILY FELLOWSHIP, INC.		
Principal Place of Business 202 STILLWATER RD NE WINTER HAVEN, FL 33881		Mailing Address P O BOX 4632 WINTER HAVEN, FL 33885
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NEAL, PRISCILLA A 202 STILLWATER RD NE WINTER HAVEN, FL 33881		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
Filing 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
10. OFFICERS AND DIRECTORS		U00000730667 05/08/07-80088-011 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, EMORY 1034 ANDERSON AVE LAKELAND, FL 33805	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, YOLANDA 2900 DUDLEY DR BARTOW, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, VERN 510 LEMON STREET AUBURNDALE, FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSP NEAL, PRISCILLA A 202 STILLWATER RD NE WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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: <i>Priscilla Neal</i>		4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #