
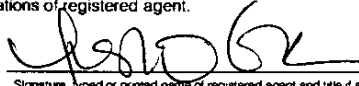
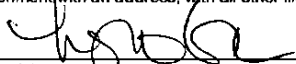


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90173 016 \*\*\*\*61.25

<b>DOCUMENT # N05000007696</b> 1. Entity Name <b>CHILD EVANGELISM FELLOWSHIP, SUNCOAST CHAPTER INC.</b>					
Principal Place of Business <b>5000 38TH AVENUE NORTH ST. PETERSBURG, FL 33710</b>			Mailing Address <b>5000 38TH AVENUE NORTH ST. PETERSBURG, FL 33710</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0766966</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>METTETAL, BRENDA 5000 38TH AVENUE NORTH ST. PETERSBURG, FL 33710</b>				7. Name and Address of New Registered Agent Name <b>Lisa Gose</b> Street Address (P.O. Box Number is Not Acceptable) <b>5000 38th Ave N.</b> <b>St. Petersburg FL</b> City <b>FL</b> Zip Code <b>33710</b>	
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 <b>4-14-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GASKILL, CHARLENE</b> <b>4731 13TH AVENUE NORTH</b> <b>SAINT PETERSBURG, FL 337135103</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>WILSON, ANN</b> <b>4144 57TH ST NORTH UNIT 168</b> <b>KENNETH CITY, FL 33709</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PITTS, SANDRA</b> <b>7360 ULMERTON RD., #27D</b> <b>LARGO, FL 33771</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FLANAGAN, TOM</b> <b>6125 10TH AVE.S.</b> <b>GULFPORT, FL 33707</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>UPMAN, WALT</b> <b>3698 18TH AVE NORTH</b> <b>SAINT PETERSBURG, FL 33713</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>SWEET, DAN</b> <b>630 KIRKWOOD TERR.N.</b> <b>ST. PETERSBURG, FL 33701</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>member</b> <b>Ferguson, Tim</b> <b>3896 102nd Pl.</b> <b>Clearwater, FL 33762</b>				
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.					
<b>SIGNATURE:</b> 			Date <b>4-14-08</b> Daytime Phone # <b>526-9588</b>		