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

## Apr 10, 2007 08:00 All Secretary of State **DOCUMENT # N05000009410** CHRISTIANS FELLOWSHIPING IN TRUTH INC. Mailing Address Principal Place of Business PO BOX 700621 1000 MEGAN LYNN CT ST CLOUD, FL 34772 ST CLOUD, FL 34770 04032007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 25-1926402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SMITH, SABRENA 1000 MEGAN LYNN CT ST CLOUD, FL 34772 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SMITH, SABRENA STREET ADDRESS 1000 MEGAN LYNN CT CITY-ST-ZIP ST CLOUD, FL 34772 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

**FILED**