

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-14-2007 90094 015 ****61.25

DOCUMENT # N06000003922					
1. Entity Name CHRIST FELLOWSHIP CHURCH OF PENSACOLA, INCORPORATED					
Principal Place of Business 908 EAST BRAINERD STREET PENSACOLA, FL 32503			Mailing Address 908 EAST BRAINERD STREET PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box # 1900 E. MALLORY ST.		3. Mailing Address P.O. Box 91			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PENSACOLA, FLORIDA		City & State PENSACOLA, FLORIDA		4. FEI Number 20-4710326	
Zip 32503-6159		Country USA		Applied For Not Applicable	
Zip 32503-6159		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, JOSHUA A 2900 BAYOU BOULEVARD PENSACOLA, FL 32503			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE P NAME HELMES, RON PASTOR STREET ADDRESS 908 EAST BRAINERD STREET CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete				
TITLE P NAME MCCORKLE, SHAWN STREET ADDRESS 2400 NORTH 17TH AVENUE CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete				
TITLE T NAME LANE, BRUCE STREET ADDRESS 3058 LIANNA LANE CITY-ST-ZIP PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete				
TITLE S NAME GILLETTE, STEVE STREET ADDRESS 3058 LINNA LANE CITY-ST-ZIP PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete				
TITLE D NAME DISTEFANO, TINA STREET ADDRESS 2400 NORTH 17TH AVENUE CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete				
TITLE D NAME NALL, TERRY STREET ADDRESS 700 EAST BELMONT STREET CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE S NAME TIM FREEMAN STREET ADDRESS 359 GYMARRA RD. CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME RON WHITE STREET ADDRESS 1015 HARBOURVIEW CIRCLE CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME DANNY RHODES STREET ADDRESS 6103 HILWYN RD. CITY-ST-ZIP PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bruce LANE</u>				5-7-07	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR				Date	

Correct (See Attached) IRS



55102007 Chg-NP CR2E037 (12/06)

Rev. Ron Helms

6-12-07 850 2664610



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

ATTACHMENT

166019237

N06 000003922

X

Date of this notice: 04-24-2006

Employer Identification Number:
20-4710326

Form: SS-4

Number of this notice: CP 575 F

CHIRST FELLOWSHIP CHURCH OF
% REVEREND RON HELMS
908 EAST BRAINERD STREET
PENSACOLA FL 32503

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-4710326. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 Revision 1024, Application for Recognition of Exemption at:

Internal Revenue Service
PO Box 192
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.