2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003922

FILED Mar 21, 2009 Secretary of State

Entity Name: CHRIST FELLOWSHIP CHURCH OF PENSACOLA, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3300 NOR	TH PACE BLV	'D			
SUITE 125	LA, FL 32505				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX 91 PENSACOLA, FL 32591				2400 N. 17TH AVENUE PENSACOLA, FL 32503	
FEI Number:	20-4710326	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	OSHUA A DU BOULEVA LA, FL 32503				
The above in the State		submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (HELMS, RON P.O.BOX 567 PENSACOLA, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (MCCORKLE, S 2400 NORTH 1 PENSACOLA, I	7TH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (X FREEMAN, TIM 359 TAMARRA PENSACOLA, I	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HOUDASHELT, 2491 EASTMAI CANTONMENT	N LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (X RHODES, DAN 6103 HILBURN PENSACOLA, I	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN MCCORKLE MS 03/21/2009