

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011365

FILED
Feb 19, 2009
Secretary of State

Entity Name: ELIM CHRISTIAN FAMILY FELLOWSHIP, INC.

Current Principal Place of Business:

3122 NW 108 AVE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3122 NW 108 AVE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-5957233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, LENARD
3122 NW 108 AVE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWELL, EMELINE
Address: 3211 NW 108TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: VPTD () Delete
Name: POWELL, LENARD
Address: 3211 NW 108TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: SD () Delete
Name: BASCOMBE, PAULETTE
Address: 3211 NW 108TH AVENUE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POWELL, EMELINE
Address: 3122 NW 108TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: VPTD (X) Change () Addition
Name: POWELL, LENARD
Address: 3122 NW 108TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: SD (X) Change () Addition
Name: BASCOMBE, PAULETTE
Address: 3122 NW 108TH AVENUE
City-St-Zip: SUNRISE, FL 33351

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: LENARD POWELL

VP/D

02/19/2009

Electronic Signature of Signing Officer or Director

Date