

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002298

FILED
Mar 02, 2009
Secretary of State

Entity Name: COMMUNITY FELLOWSHIP SERVICES, INC.

Current Principal Place of Business:

2175 WINDERMERE POINTE DRIVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

2175 WINDERMERE POINTE DRIVE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 61-1422916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASON, MILDRED
2175 WINDERMERE POINTE DRIVE
WINTER GARDEN, FL 34787 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: P () Delete
Name: EASON, MILDRED
Address: 2175 WINDERMERE POINTE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: V () Delete
Name: HESTER, MARGARET
Address: 7074 COUPERIN BLVD.
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: STEELE, YVONNE
Address: 3268 FARLAND DR
City-St-Zip: OCOEE, FL 34761

Title: T () Delete
Name: VINCENT, CELEITHA
Address: 3604 WESTLAND DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: DANNER, GAIL
Address: 2175 WINDERMERE POINTE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MILDRED EASON

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date