2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N07000002820

Entity Name: CHRIST FELLOWSHIP OF NE FLORIDA INC

Current Principal Place of Business:

767 STOCKTON STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

767 STOCKTON STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-8658556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSSELL, ANNETTE T
767 STOCKTON STREET
JACKSONVILLE, FL 32204 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: STOREY, STAN
Address: 86279 MEADOWFIELD BLUFF
City-St-Zip: YULEE, FL 32097

Title: VPD ( ) Delete
Name: HARPE, L.D.
Address: 85074 JESSIE LANE
City-St-Zip: YULEE, FL 32097

Title: VPD ( ) Delete
Name: SALMON, DANIEL M
Address: 44204 MCKENDREE DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: TD ( ) Delete
Name: CHUNN, RUSSELL D
Address: 96277 GLENWOOD ROAD
City-St-Zip: YULEE, FL 32097

Title: SD ( ) Delete
Name: KNAPPENBERGER, BEVERLY
Address: 97028 LANDING TRAIL
City-St-Zip: YULEE, FL 32097

Title: D ( ) Delete
Name: THORNTON, SHIRLEY
Address: 85771 HADDOCK ROAD
City-St-Zip: YULEE, FL 32097

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:

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: STAN STOREY PRES 01/08/2008
Electronic Signature of Signing Officer or Director — Date