

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011675

FILED
May 08, 2009
Secretary of State

Entity Name: RELAPSE FOR CHRIST FELLOWSHIP, INC.

Current Principal Place of Business:

831 FIELDSTONE WAY
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

831 FIELDSTONE WAY
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: 26-1659529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, GERALD T
831 FIELDSTONE WAY
WEST PALM BEACH, FL 33413 US

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: WILLIAMS, GERALD T
Address: 831 FIELDSTONE WAY
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: VP () Delete
Name: WILLIAMS, NADRIAN S
Address: 831 FIELDSTONE WAY
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: DIR () Delete
Name: BROOKS, BOBBIE E JR.
Address: 1050 WEST 4TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: DIR () Delete
Name: ROBINSON, ELIZABETH P
Address: 620 WEST 34TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: DIR () Delete
Name: WILSON, ROBERT J
Address: 1517 43RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: T () Delete
Name: DEAN, LORETTA P
Address: 1365 WEST 28TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

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
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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: GERALD T WILLIAMS

P

05/08/2009

Electronic Signature of Signing Officer or Director

Date