

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012019

FILED
Feb 09, 2009
Secretary of State

Entity Name: SUNLAKE CHRISTIAN FELLOWSHIP, INC

Current Principal Place of Business:

2430 GRAND TRAVERSE CIRCLE
GRAND ISLAND, FL 32735

New Principal Place of Business:

Current Mailing Address:

2430 GRAND TRAVERSE CIRCLE
GRAND ISLAND, FL 32735

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORTH, RICHARD A
2430 GRAND TRAVERSE CIRCLE
GRAND ISLAND, FL 32735 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: KORTH, RICHARD A
Address: 2430 GRAND TRAVERSE CIRCLE
City-St-Zip: GRAND ISLAND, FL 32735

Title: TREA () Delete
Name: FUKUI, SHIRLEY
Address: 1020 LAKE DR
City-St-Zip: GRAND ISLAND, FL 32735

Title: SEC () Delete
Name: GRIFFITH, MARVA L
Address: 1265 LAKE DR
City-St-Zip: GRAND ISLAND, FL 32735

Title: DIR () Delete
Name: PRATHER, EDIE K
Address: 2490 GRAND TRAVERSE CIRCLE
City-St-Zip: GRAND ISLAND, FL 32735

Title: DIR () Delete
Name: ORR, DONALD
Address: 1230 WARMWOOD DR
City-St-Zip: GRAND ISLAND, FL 32735

Title: DIR () Delete
Name: BERARDINELLI, FRANK
Address: 2616 NIAGRA WAY
City-St-Zip: GRAND ISLAND, FL 32735

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: EDIE PRATHER

DIR

02/09/2009

Electronic Signature of Signing Officer or Director

Date