

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009797

FILED
May 01, 2009
Secretary of State

Entity Name: CHRISTIAN COMMUNITY FELLOWSHIP MINISTRIES INC.

Current Principal Place of Business:

1217 AVENUE U
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10119
RIVIERA BEACH, FL 33419

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

DUKES, PHILLIP M
1217 AVENUE U
RIVIERA BEACH, FL 33404 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: DUKES, PHILLIP M
Address: 1217 AVENUE U
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TRUS () Delete
Name: DUKES, KAHLIL
Address: 1217 AVENUE U
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TRUS () Delete
Name: JACKSON, ROSE
Address: 1217 AVENUE U
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TRUS () Delete
Name: DUKES, OLUWAYEMICI
Address: 1217 AVENUE U
City-St-Zip: RIVIERA BEACH, FL 33404

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:

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: PHILLIP M. DUKES

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date