2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# N08000009798

Entity Name: CALLED OUT BELIEVERS IN CHRIST FELLOWSHIP, INC.

Current Principal Place of Business:

8433 RAMPART RD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 441634
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 26-3485076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

ROBINSON, DEWEYNE J SR
8433 RAMPART RD
JACKSONVILLE, FL 32244 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: ROBINSON, DEWEYNE J SR
Address: 8433 RAMPART RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Delete
Name: JACKSON, REGINA
Address: 8436 PINEVERDE LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: TR ( ) Delete
Name: HAMMOCK, ELIZABETH
Address: 5201 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete
Name: WALLACE, ALEXANDER G
Address: 8433 RAMPART RD
City-St-Zip: JACKSONVILLE, FL 32244

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: DEWEYNE J. ROBINSON, SR. PRES 07/08/2009

Electronic Signature of Signing Officer or Director — Date