

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17769

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: COMMUNITY FELLOWSHIP, INC.

**Current Principal Place of Business:**

1289 FIRST ST SOUTH  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 7785  
WINTER HAVEN, FL 33883 US

**New Mailing Address:**

FEI Number: 59-2733808      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONRAD, RANDY  
1311 MEADOW CIRCLE NE  
WINTER HAVEN, FL 33881 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: DP ( ) Delete  
Name: CONRAD, RANDY  
Address: 1311 MEADOW CIRCLE, N.E.  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D ( ) Delete  
Name: CHANDLER, LARRY  
Address: 622 AVE D S.E.  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: DS ( ) Delete  
Name: HAMILTON, PHILIP  
Address: 1150 S. FIRST AVE  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: HAMILTON, PHILIP  
Address: 437 RUBY LAKE PL  
City-St-Zip: WINTER HAVEN, FL 33884

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: RANDY CONRAD

DP

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date