

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23558

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHRISTWAY FELLOWSHIP, INC.

Current Principal Place of Business:

3359 BELVEDERE ROAD
STE E
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

3359 BELVEDERE ROAD
STE E
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 65-0385989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESIDE, ROCKY A.
436 BEECH ROAD
WEST PALM BEACH, FL 33409 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: D () Delete
Name: MCNEW, DALE
Address: 392 SPRINGDALE CIRCLE
City-St-Zip: PALM SPRINGS, FL 33461

Title: STD () Delete
Name: WHITESIDE, JASON
Address: 3265 BERMUDA ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: WHITESIDE, LINDA G.,
Address: 436 BEECH ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD () Delete
Name: MURRAY, KEVIN
Address: 905 COTTONBAY BLVD
City-St-Zip: WEST PALM BCH, FL

Title: D () Delete
Name: WILLIAM, AMANDA
Address: 4200 COMMUNITY DR APT 712
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: DOWDA, MONA
Address: 5342 EVENINGSTAR WAY
City-St-Zip: LAKE WORTH, FL 33467

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: LINDA WHITESIDE

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date