

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N25681

1. Entity Name

**FIRST CHRISTIAN INTERDENOMINATIONAL ASSEMBLY
OF FELLOWSHIP, INC.**



Principal Place of Business

C/O CHRISTINE HENRY NATTIEL
817 SW 143RD ST
GAINESVILLE FL 32669

Mailing Address

C/O CHRISTINE HENRY NATTIEL
817 SW 143RD ST
GAINESVILLE FL 32669



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

58-8320008

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATTIEL, CHRISTINE HENRY
817 SW 143RD
GAINESVILLE FL 32669**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NATTIEL, CHRISTINE HENRY	
STREET ADDRESS	817 SW 143RD ST	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NATTIEL, GAIL F	
STREET ADDRESS	817 SW 143RD ST	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NATTIEL, TIMOTHY DAVID	
STREET ADDRESS	817 SW 143RD ST	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY- ST- ZIP		

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07/19/06-80005-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine Henry Nattiel* **Christine Henry Nattiel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime