

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36419

FILED
Jan 07, 2004
Secretary of State

Entity Name: CHRISTIAN FELLOWSHIP INTERNATIONAL, INC.

Current Principal Place of Business:

9280 DALE VIEW LN E
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9280 DALE VIEW LN E
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3005770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOORN, ROBERT A.
9280 DALE VIEW LN E
JACKSONVILLE, FL 32225 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: DOORN, ROBERT A.,
Address: 9280 DALE VIEW LANE E
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: DOORN, GLENYCE I.,
Address: 9280 DALE VIEW LANE E
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: DOORN, MARIE J
Address: 9256 DALE VIEW LANE W
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: DOORN, TIMOTHY J
Address: 9256 DALE VLEW LANE W
City-St-Zip: JACKSONVILLE, FL 32225

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. DOORN

PRES

01/07/2004

Electronic Signature of Signing Officer or Director

Date