

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36419

FILED
Feb 17, 2006
Secretary of State

Entity Name: CHRISTIAN FELLOWSHIP INTERNATIONAL, INC.

Current Principal Place of Business:

1403 N.E. 51ST LOOP
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

1403 N.E. 51ST LOOP
OCALA, FL 34479

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 PRES.
1403 N.E. 51ST LOOP
OCALA, FL 34479 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: PRES () Delete
Name: DOORN, ROBERT A PRES.
Address: 1403 N.E. 51ST LOOP
City-St-Zip: OCALA, FL 34479

Title: VP () Delete
Name: DOORN, GLENYCE I VP
Address: 1403 N.E. 51ST LOOP
City-St-Zip: OCALA, FL 34479

Title: SECT () Delete
Name: DOORN, MARK L SECT.
Address: 11022 GROVESHIRE COURT
City-St-Zip: OCOEE, FL 34761

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

Title: DIR. () Delete
Name: PETRUCELLI, JOHN DIR.
Address: 1357 N.E. 51ST LOOP
City-St-Zip: OCALA, FL 34479

Title: DIR. () Delete
Name: PETRUCELLI, ETHEL DIR.
Address: 1357 N.E. 51ST LOOP
City-St-Zip: OCALA, FL 34479

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:

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 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: ROBERT A. DOORN

PRES

02/17/2006

Electronic Signature of Signing Officer or Director

Date