

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90110 039 ****61.25

DOCUMENT # N41893

1. Entity Name
CHARITY CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

7520 N CLARK AVE.
TAMPA, FL 33614

Mailing Address

7520 N CLARK AVE.
TAMPA, FL 33614

50028962



01192005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3052063

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ANDRES, JR.
7520 N CLARK AVE.
TAMPA, FL 33614

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IN THIS SPACE**

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

3-6-05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Vice President
NAME	ALVAREZ, ANDRES, JR.
STREET ADDRESS	7520 N CLARK AVE.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	SD
NAME	ALVAREZ, JOYCE M.
STREET ADDRESS	7520 N CLARK AVE.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	TD
NAME	ALVAREZ, ANDRES, III
STREET ADDRESS	9007 HICKORY CIR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	President
NAME	LOUIS CAPDEVILA
STREET ADDRESS	7520 N. CLARK AVE.
CITY-ST-ZIP	Tampa, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-05

813 888-9809

Date

Daytime Phone #