2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# N41893

Entity Name: CHARITY CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

7520 N CLARK AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7520 N CLARK AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3052063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, ANDRES, JR.
7520 N CLARK AVE.
TAMPA, FL 33614 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: VP ( ) Delete
Name: ALVAREZ, ANDRES, JR.,
Address: 7520 N CLARK AVE.
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete
Name: ALVEREZ, MANUEL A
Address: 7520 N CLARK AVE.
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete
Name: ALVAREZ, ANDRES, III,
Address: 9007 HICKORY CIR
City-St-Zip: TAMPA, FL 33615

Title: P ( ) Delete
Name: CAPDEUILA, LOUIS C
Address: 7520 N CLARK AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ALVAREZ, MANUEL A
Address: 7520 N CLARK AVE.
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CAPDEVILA, LOUIS C
Address: 7520 N CLARK AVE
City-St-Zip: TAMPA, FL 33614

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: ANDRES ALVAREZ JR VP 02/20/2006

Electronic Signature of Signing Officer or Director — Date