

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41893

FILED  
Mar 04, 2011  
Secretary of State

**Entity Name:** CHARITY CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

9538 LAZY LN.  
303  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4357  
TAMPA, FL 33677

**New Mailing Address:**

**FEI Number:** 59-3052063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAPDEVILA, LOUIS A  
29641 BAYHEAD ROAD  
DADE CITY, FL 33523 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: PD  
Name: CAPDEVILA, LOUIS A  
Address: 29641 BAYHEAD ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: VD  
Name: ALVITOS, HECTOR  
Address: 11209 THICKET CT.  
City-St-Zip: TAMPA, FL 33624

Title: VD  
Name: EARTHEN, LAUDERDALE JR  
Address: 9538 LAZY LN. #303  
City-St-Zip: 33614, FL 33614

Title: SD  
Name: CAPDEVILA, ANITA E  
Address: 29641 BAYHEAD ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: SD  
Name: LAUDERDALE, CARMEN  
Address: 9538 LAZY LN. #303  
City-St-Zip: TAMPA, FL 33614

Title: TD  
Name: LAUDERDALE, EARTHEN JR  
Address: 9538 LAZY LN. #303  
City-St-Zip: TAMPA, FL 33614

I hereby 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 all other like empowered.

SIGNATURE: EARTHEN, LAUDERDALE JR

VD

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date