


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**1/ Feb 08, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90053 008 \*\*\*\*61.25

**DOCUMENT # N43071**

1. Entity Name  
**CHRISTIAN FELLOWSHIP AT DEL TURA, INC.**



Principal Place of Business <b>1011 LA PALOMA BLVD          N. FT MYERS, FL 33903</b>	Mailing Address <b>1011 LA PALOMA BLVD          N. FT MYERS, FL 33903</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0277499</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FEZ-BARRINGTON, CHRISTINA J  
 1011 LA PALOMA BLV.  
 N. FT. MYERS, FL 33903**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ratifying)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEZ-BARRINGTON, BARIE 1011 LA PALOMA BLVD FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FEZ-BARRINGTON, CHRISTINA 1011 LA PALOMA BLVD FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUIRGUIS, LOFTY A 1423 SE 16TH PLACE #204 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Christina Fez-Barrington* **2/4/2007** **239 543 2736**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**CHRISTINA FEZ-BARRINGTON**