

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46068

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FULNESS CHRISTIAN FELLOWSHIP, INC.

## Current Principal Place of Business:

8505 PORTOBELLO LANE  
PALM BEACH GARDENS, FL 33418 US

## New Principal Place of Business:

4557 ARTESA WAY S  
PALM BEACH GARDENS, FL 33418 US

## Current Mailing Address:

P.O. BOX 1749  
JUPITER, FL 33468 US

## New Mailing Address:

FEI Number: 65-0388365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWCOMBE, DAVID S  
8505 PORTOBELLO LANE  
PALM BEACH GARDENS, FL 33418 US

## Name and Address of New Registered Agent:

NEWCOMBE, DAVID S  
4557 ARTESA WAY S  
PALM BEACH GARDENS, FL 33418 US

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: DAVID S. NEWCOMBE

04/30/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROOKINS, JIMMY L  
Address: 957 SW 71 AVE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VTD ( ) Delete  
Name: NEWCOMBE, DAVID S  
Address: 8505 PORTOBELLO LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD ( ) Delete  
Name: NEWCOMBE, ROZANNE J  
Address: 8505 PORTOBELLO LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: PIGOTT, CHARLES  
Address: 4211 LINDEN AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: PIGOTT, BONNIE  
Address: 4211 LINDEN AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change ( ) Addition  
Name: NEWCOMBE, DAVID S  
Address: 4557 ARTESA WAY S  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD (X) Change ( ) Addition  
Name: NEWCOMBE, ROZANNE J  
Address: 4557 ARTESA WAY S  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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: DAVID S. NEWCOMBE

VTD

04/30/2007

Electronic Signature of Signing Officer or Director

Date