

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46068

FILED
Apr 28, 2008
Secretary of State

Entity Name: FULNESS CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

4557 ARTESA WAY S
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

2183 SW PANTHER TRACE
STUART, FL 34997 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
4557 ARTESA WAY S
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

NEWCOMBE, DAVID S
2183 PANTHER TRACE
STUART, FL 34997 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: _____

04/28/2008

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: 4557 ARTESA WAY S
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD () Delete
Name: NEWCOMBE, ROZANNE J
Address: 4557 ARTESA WAY S
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 (X) Delete
Name: PIGOTT, BONNIE
Address: 4211 LINDEN AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEWCOMBE, DAVID S
Address: 2183 SW PANTHER TRACE
City-St-Zip: STUART, FL 34997

Title: VD (X) Change () Addition
Name: PIGOTT, CHARLES J
Address: 4211 LINDEN AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD (X) Change () Addition
Name: NEWCOMBE, ROZANNE J
Address: 2183 SW PANTHER TRACE
City-St-Zip: STUART, FL 34997

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

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

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date