

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46600

FILED
Jan 29, 2007
Secretary of State

Entity Name: COMMUNITY FELLOWSHIP CHURCH, INCORPORATED

Current Principal Place of Business:

3880 TOMLIN DR
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

3880 TOMLIN DR
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-3113196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, ENOCH HOMER
3880 TOMLIN DR
COCOA, FL 32926 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: D () Delete
Name: HENDERSON, JACQUELIN, E C
Address: 980 BAYBERRY LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: CRAIG, CURTIS,
Address: 3002 BARKWAY DR
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: VALLEY, IONA,
Address: 3806 KENNEDY CIR
City-St-Zip: COCOA, FL

Title: D () Delete
Name: ALLEN, OLLIE M.,
Address: 3880 TOMLIN DR
City-St-Zip: COCOA, FL

Title: D () Delete
Name: ALLEN, ENOCH H.,
Address: 3880 TOMLIN DR
City-St-Zip: COCOA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: CURTIS CRAIG

D

01/29/2007

Electronic Signature of Signing Officer or Director

Date