


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

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N46712**

1. Entity Name  
**CHRISTIAN FELLOWSHIP CENTER OF JACKSONVILLE, INC.**



Principal Place of Business <b>5210 UNIVERSITY BLVD W JACKSONVILLE, FL 32216</b>	Mailing Address <b>P.O. BOX 56966 JACKSONVILLE, FL 32241</b>
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For 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

**WAKEFIELD, DARRYL L  
8901 ADAMS WALK DRIVE  
JACKSONVILLE, FL 32257**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

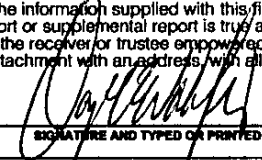
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAKEFIELD, DARRYL L 8901 ADAMS WALK DRIVE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAKEFIELD, MERCY 8901 ADAMS WALK DRIVE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WAKEFIELD, FRED 6511 SOLANDER DR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAKEFELD, DARRYL JR 3416 CULLEDON LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000680357  
04/03/07-88075-005 70.00

**DO NOT WRITE IN THIS SPACE**

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:**  **3/21/07**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #