


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90160 031 \*\*\*\*61.25

**DOCUMENT # N46712**

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



Principal Place of Business  
**5210 UNIVERSITY BLVD W  
 JACKSONVILLE, FL 32216**

Mailing Address  
**P.O. BOX 56966  
 JACKSONVILLE, FL 32241**

**60032294**



02252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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 <del>6611 SOLANDER DR</del> 11274 Hartland Rd JACKSONVILLE, FL <del>32210</del> 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAKEFELD, DARRYL JR 3416 CULLEDON LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAKEFIELD, SHANTE 5981 BENT PINE DL. #123 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 lists empowered.

SIGNATURE:  DATE: **4-14-08**

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