

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46712

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5210 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 56966  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAKEFIELD, DARRYL L  
8901 ADAMS WALK DRIVE  
JACKSONVILLE, FL 32257    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: PD                      ( ) Delete  
Name: WAKEFIELD, DARRYL L  
Address: 8901 ADAMS WALK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD                      ( ) Delete  
Name: WAKEFIELD, MERCY  
Address: 8901 ADAMS WALK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD                      ( ) Delete  
Name: WAKEFIELD, FRED  
Address: 11274 HARTLAND RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S                      ( ) Delete  
Name: WAKEFELD, DARRYL JR  
Address: 3416 CULLEDON LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T                      ( ) Delete  
Name: WAKEFIELD, SHANAE  
Address: 5987 BENT PINE DR, #123  
City-St-Zip: ORLANDO, FL 32822

**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 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: DARRYL L. WAKEFIELD

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date