

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46712

FILED
Apr 25, 2010
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: 59-3098180

FEI Number Applied For ()

FEI Number Not Applicable ()

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

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

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

Title: S
Name: WAKEFELD, DARRYL JR
Address: 8901 ADAMS WALK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: T
Name: WAKEFIELD, SHANAE
Address: 10210 PEACHFORD CIRCLE
City-St-Zip: DUNWOODY, GA 30338

I hereby 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 all other like empowered.

SIGNATURE: DARRYL WAKEFIELD, SR.

PD

04/25/2010

Electronic Signature of Signing Officer or Director

Date