

09-01-2006 90002 050 ****60.00

N92000000708

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

06 OCT 30 14:03

DOCUMENT # N920000007081. Entity Name
**THE CHRISTIAN UNITED FELLOWSHIP ASSOCIATION,
INC., OF MELBOURNE, FLORIDA**Principal Place of Business
**1122 GAINES DRIVE
MELBOURNE, FL 32901 US**Mailing Address
**P.O. BOX 2364
MELBOURNE, FL 32902 US**

40102301



07252006 No Chg-NP

CR2E037 (4/06)

06

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3179371Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CARTER, WILLIE B REV.
1122 GAINES DRIVE
MELBOURNE, FL 32901****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

Rev. Willie B. Carter

08-29-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**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
**P
BLANDFORD, DORMER BISHOP
1455 RIVER ROAD
ST. CLOUD, FL 34769**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CARTER, WILLIE B REV.
1122 GAINES DR
MELBOURNE, FL 32901**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ODOM, AUGUSTA JR.
1621 ORANGE AVENUE
ST. CLOUD, FL 34769**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, EARNEST ELDER
839 GIBSON STREET
TITUSVILLE, FL 32780**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMPBELL, LLOYD REV.
225 S.W. VOLTSIR TERRICE
PORT ST. LUCIE, FL 34984**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP200091623472
11/09/06--01023--013 **1.25**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:

Rev. Willie B. Carter

08-29-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #