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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:57

DOCUMENT # N93000002036 (2)

1. Corporation Name
COMMUNITY FELLOWSHIP BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
P.O. BOX 320068 DUNNELLON FL 34431	P. O. BOX 320068 DUNNELLON FL 34431 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7400 S. Hwy 41	25 7400 S. Hwy 41
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Dunnellon Fl	28 City & State: Dunnellon Fl
24 Zip: 34431 25 Country: MARION	29 Zip: 34431 30 Country: MARION

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEARSON, LARRY D
20113 S.W. 82ND PLACE
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, LARRY D	1.2 NAME	
STREET ADDRESS	20113 SW 82 PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	TS ☑ Change ☐ Addition
NAME	MURSHON, HELEN	2.2 NAME	Ray Henry
STREET ADDRESS	59050 W. GROVE PARK RD.	2.3 STREET ADDRESS	10903 N. Florwood Ave
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	Dunnellon Fl. 34431
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, FRANCIS	3.2 NAME	
STREET ADDRESS	11 PEACH BLOSSOM	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, GARY	4.2 NAME	
STREET ADDRESS	20400 NW 27TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	SELVAGGIO, DEBBIE	5.2 NAME	
STREET ADDRESS	1360 N HWY. 41	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, WYLENE M	6.2 NAME	
STREET ADDRESS	20113 SW 82 PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry D. Pearson Larry D Pearson 1-30-95 904-489-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084740