2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N93000004782

Entity Name: CHRISTIAN FELLOWSHIP GOSPEL TEMPLE, INC.

Current Principal Place of Business:

1507 2ND AVE WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1631
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 65-0448191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLOUD, BERTHA M
1507 2ND AVE. WEST
PALMETTO, FL 34221 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:	FPRE	( ) Delete
Name:	LOVELY, BERTHA M	
Address:	718 45TH ST E	
City-St-Zip:	BRADENTON, FL 34208	
Title:	SD	( ) Delete
Name:	KEARSE, NORMAN L	
Address:	1519 WASHINGTON ST.	
City-St-Zip:	CLEARWATER, FL 34616	
Title:	SD	( ) Delete
Name:	LOVELY, EARNEST	
Address:	718 45TH ST. E	
City-St-Zip:	BRADENTON, FL 34208	
Title:	DD	( ) Delete
Name:	FORD, ELSIE	
Address:	2330 7TH AVE EAST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	VD	( ) Delete
Name:	MCCLOUD, DONAVAN	
Address:	718 45TH ST.E	
City-St-Zip:	BRADENTON, FL 34208	
Title:	MR	( ) Delete
Name:	EARNEST LOVELY,	
Address:	718 45TH ST E	
City-St-Zip:	BRADENTO, FL 34208	

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:	
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: BERTHA MCCLOUD MRS. 03/17/2009

Electronic Signature of Signing Officer or Director — Date