

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000429

FILED
Apr 15, 2008
Secretary of State

Entity Name: CHRISTIAN FELLOWSHIP MINISTRIES, INCORPORATED

Current Principal Place of Business:

3302 EVERGREEN AVE
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

3302 EVERGREEN AVE
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3178430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, OLA
3302 EVERGREEN AVE
JACKSONVILLE, FL 32206 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: WILLIAMS, OLA
Address: 2713 EVENTIDE DR.
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD () Delete
Name: WARD, ANNETTE B
Address: 2726 EVENTIDE DR
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: PINCKNEY, DANITA
Address: 2713 EVENTIDE DR
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: KENNEDY, MATTRICA E.
Address: 5681 EDENFIELD ROAD # 344
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: FARQUHARSON, COREAN
Address: 1618 PERRY ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD () Delete
Name: ROBINSON, ANGELIC
Address: 3405 BUCKMAN STREET
City-St-Zip: JACKSONVILLE, FL 32206

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
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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: OLA WILLIAMS

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date