

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002319

**FILED**  
**Jan 28, 2004**  
**Secretary of State****Entity Name:** COMMUNITY FAITH FELLOWSHIP, INC.**Current Principal Place of Business:**900 W HICKPOOCHEE  
LABELLE, FL 33935 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1638  
LABELLE, FL 33975**New Mailing Address:****FEI Number:** 65-0494198**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COLLARD, WILLIAM E.  
4091 SE EDGEWATER  
LABELLE, FL 33935 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: D ( ) Delete  
Name: GRANT, WARREN L.  
Address: 4020 RAINBOW CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: CD ( ) Delete  
Name: COLLARD, WILLIAM E.  
Address: 4091 SE EDGEWATER  
City-St-Zip: LABELLE, FL 33935

Title: VCD ( ) Delete  
Name: HAYCRAFT, RALPH  
Address: 900 W HICKPOOCHEE, D-10  
City-St-Zip: LABELLE, FL 339354389

Title: T ( ) Delete  
Name: BRUCE, EMILY L  
Address: 900 W HICKPOOCHEE, G-1  
City-St-Zip: LABELLE, FL 339354389 US

Title: S ( ) Delete  
Name: SANBORN, KAY  
Address: 12640 ARBOR LANE  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: BRUCE, RICHARD F  
Address: 900 W. HICKPOOCHEE G-1  
City-St-Zip: LABELLE, FL 339354389

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GRANT, WARREN L PASTOR  
Address: 4020 RAINBOW CIRCLE  
City-St-Zip: LABELLE, FL 33935 US

Title: CD (X) Change ( ) Addition  
Name: COLLARD, WILLIAM E  
Address: 4091 SE EDGEWATER  
City-St-Zip: LABELLE, FL 33935 US

Title: VCD (X) Change ( ) Addition  
Name: HAYCRAFT, RALPH  
Address: 900 W HICKPOOCHEE, D-10  
City-St-Zip: LABELLE, FL 339354389 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KIMM, ZELDA  
Address: 900 W. HICKPOOCHEE, E-12  
City-St-Zip: LABELLE, FL 339354389 US

Title: D (X) Change ( ) Addition  
Name: BRUCE, RICHARD F  
Address: 900 W. HICKPOOCHEE G-1  
City-St-Zip: LABELLE, FL 339354389 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EMILY L. BRUCE

TREA

01/28/2004

Electronic Signature of Signing Officer or Director

Date