

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002319

FILED
Mar 22, 2007
Secretary of State

Entity Name: COMMUNITY FAITH FELLOWSHIP, INC.

Current Principal Place of Business:

900 AQUA ISLES BLVD.
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1638
LABELLE, FL 33975 US

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:

COLLARD, WILLIAM E.
4091 SE EDGEWATER
LABELLE, FL 33935 US

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: WILLIAM E. COLLARD

03/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: VCD () Delete
Name: HAYCRAFT, RALPH
Address: 900 AQUA ISLES BLVD, D-10
City-St-Zip: LABELLE, FL 339354389 US

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

Title: S () Delete
Name: GRANT, RITA
Address: 4020 RAINBOW CIRCLE
City-St-Zip: LABELLE, FL 33935 US

Title: D () Delete
Name: HOUSTON, RALPH
Address: 900 AQUA ISLES BLVD, C-33
City-St-Zip: LABELLE, FL 339354389 US

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: T (X) Change () Addition
Name: BRUCE, EMILY L
Address: 900 AQUA ISLES BLVD, K-18
City-St-Zip: LABELLE, FL 339354389 US

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 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: EMILY L. BRUCE

T

03/22/2007

Electronic Signature of Signing Officer or Director

Date