

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90017 037 ****61.25

DOCUMENT # N94000002319

1. Entity Name

COMMUNITY FAITH FELLOWSHIP, INC.



Principal Place of Business

900 AQUA ISLES BLVD.
LABELLE FL 33935
US

Mailing Address

P.O. BOX 1638
LABELLE FL 33975
US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0494198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLARD, WILLIAM E
4091 SE EDGEWATER
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name *Emily L. Bruce*

Street Address (P.O. Box Number is Not Acceptable)

900 Aqua Isles Blvd. B-16

City *LaBelle*

FL

Zip Code

33935

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Emily L. Bruce

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/08

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME GRANT, WARREN L PASTOR
STREET ADDRESS 4020 RAINBOW CIRCLE
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Delete
NAME CD
STREET ADDRESS COLLARD, WILLIAM E
CITY-ST-ZIP 4091 SE EDGEWATER
LABELLE FL 33935

TITLE ☐ Delete
NAME VCD
STREET ADDRESS HAYCRAFT, RALPH
CITY-ST-ZIP 900 AQUA ISLES BLVD, D-10
LABELLE FL 33935-4389

TITLE ☐ Delete
NAME T
STREET ADDRESS BRUCE, EMILY L
CITY-ST-ZIP 900 AQUA ISLES BLVD, K-18
LABELLE FL 33935-4389

TITLE ☐ Delete
NAME S
STREET ADDRESS GRANT, RITA
CITY-ST-ZIP 4020 RAINBOW CIRCLE
LABELLE FL 33935

TITLE ☐ Delete
NAME D
STREET ADDRESS HOUSTON, RALPH
CITY-ST-ZIP 900 AQUA ISLES BLVD, C-33
LABELLE FL 33935-4389

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emily L. Bruce