

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 15, 2007 08:00 AM
Secretary of State**

DOCUMENT # N95000002898

1. Entity Name
FIRST CHRISTIAN FELLOWSHIP ASSEMBLY, INC.



Principal Place of Business
**17635 8TH ST.
MONTVERDE, FL 34756**

Mailing Address
**1785 CAROLINA WREN DR.
OCOE, FL 34761 US**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3320963

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OUTING, JOHNNY JR
1785 CAROLINA WREN DR
OCOE, FL 34761**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000637605
02/26/07-80065-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OUTING, JOHNNY JR.
STREET ADDRESS	17635 8TH ST.
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	STD
NAME	OUTING, JESSIE M
STREET ADDRESS	17635 8TH ST.
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	D
NAME	OUTING, MARIE
STREET ADDRESS	17635 8TH ST.
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	D
NAME	WILLIAMS, FRED
STREET ADDRESS	17635 8TH ST.
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Johnny Outing Jr. **Johnny Outing Jr.** 2/12/07 (407) 765-2373