

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# N96000000198

Entity Name: HEAVENS GATE CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

7138 LYKES ST.  
WEEKI WACHEE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

8149 MACKINAW RD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

FEI Number: 59-0155625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FAVICHIA, RAYMOND  
8149 MACKINAW RD  
BROOKSVILLE, FL 34613      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: P ( ) Delete  
Name: FAVICHIA, RAYMOND  
Address: 8149 MACKINAW  
City-St-Zip: SPRING HILL, FL 34613

Title: VT ( ) Delete  
Name: TSOUTSOS, RANDY  
Address: 150 GOEDHAM CT  
City-St-Zip: SPRING HILL, FL 34609

Title: ST ( ) Delete  
Name: FAVICHIA, MARGARET  
Address: 8149 MACKINAW RD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: T ( ) Delete  
Name: GATHIER, BOB  
Address: 8989 HENANDO WAY  
City-St-Zip: BROOKSVILLE, FL 34613

**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  
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: RAYMOND FAVICHIA

P

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date