


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003232	
1. Entity Name THE SYNAGOGUE OF CHRISTIAN FELLOWSHIP INC.	

Principal Place of Business 1408 W. STATE ST. JACKSONVILLE, FL 32209	Mailing Address 1207 HART STREET JACKSONVILLE, FL 32209
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07192006 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GADSON, GILBERT W 1207 HART ST. JACKSONVILLE, FL 32209	

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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENSON, LEOLA 1408 W. STATE ST. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, ARETHA 1412 W. STATE ST. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADSON, LAVERA 1207 HART ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/01/06-80010-010 70.00

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: Gilbert W. Gadson, Sr. 1750/06 904.354-8676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gilbert W. Gadson, Sr.