

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002289

FILED
May 31, 2009
Secretary of State

Entity Name: J.C.H. FELLOWSHIP CLUB, A CHRISTIAN ENTERTAINMENT CENTER INC.

Current Principal Place of Business:

1900 NORTH UNIVERISTY DRIVE
#210
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1900 NORTH UNIVERISTY DRIVE
#210
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0752586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALL, HALLEA
1900 NORTH UNIVERISTY DRIVE
#210
PEMBROKE PINES, FL 33024 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: PD () Delete
Name: HALL, HALLEA
Address: 1900 NORTH UNIVERSITY DRIVE #210
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: FINDLATER, AUSTIN
Address: 680 N.W. 43RD AVE.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: DARRELL, GERALDINE
Address: 8900 SW 142ND AVE #323
City-St-Zip: MIAMI, FL 33186

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:

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: HALLEA M HALL

Electronic Signature of Signing Officer or Director

PRES

05/31/2009

_____ Date