2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 22, 2007 8:00 am
Secretary of State
02-28-2007 90012 027 ****70.00

DOCUMENT # N98000000801

1. Entity Name
CHRISTIAN FELLOWSHIP BAPTIST CHURCH, INC.

bbUUb2JJ

Principal Place of Business	Mailing Address
1701 S. BELL AVE. SANFORD, FL 32771	P.O. BOX 1502 SANFORD, FL 32772

02012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2544287
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAINES, OTIS C
416 BAY AVE
SANFORD, FL 32771

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TR
NAME	BULLARD, MARY
STREET ADDRESS	3010 WEST 23RD
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TR
NAME	LEMON, LARRY
STREET ADDRESS	1316 PERSIMMON AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TR
NAME	JACKSON, DONALD K
STREET ADDRESS	230 ROOSEVELT SQ.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	TR
NAME	KNIGHT, LEON
STREET ADDRESS	1010 WEST 16TH ST.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TR
NAME	COLEMAN, CEDRIC L
STREET ADDRESS	~~1504 S LAKE AVE~~ 627 SAN LANTA CIR.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TR
NAME	DIXON, GEORGE A
STREET ADDRESS	3651 RONDA DR
CITY-ST-ZIP	DELTONA, FL 32738

DO NOT WRITE 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: Otis C Raines MARCH 18, 2007 407-474-0886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #