2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N98000000801

Entity Name: CHRISTIAN FELLOWSHIP BAPTIST CHURCH, INC.

Current Principal Place of Business:

1701 S. BELL AVE.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1502
SANFORD, FL 32772

New Mailing Address:

FEI Number: 59-2544287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAINES, OTIS C
416 BAY AVE
SANFORD, FL 32771 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: TR ( ) Delete
Name: BULLARD, MARY
Address: 3010 WEST 23RD
City-St-Zip: SANFORD, FL 32771

Title: TR ( ) Delete
Name: LEMON, LARRY
Address: 110 CEDAR CRK CIR
City-St-Zip: SANFORD, FL 32771

Title: TR ( ) Delete
Name: JACKSON, DONALD K
Address: 230 ROOSEVELT SQ.
City-St-Zip: OVIEDO, FL 32765

Title: TR ( ) Delete
Name: KNIGHT, LEON
Address: 1010 WEST 16TH ST.
City-St-Zip: SANFORD, FL 32771

Title: TR ( ) Delete
Name: COLEMAN, CEDRIC L
Address: 627 SAN LANTA CIR.
City-St-Zip: SANFORD, FL 32771

Title: TR ( ) Delete
Name: DIXON, GEORGE A
Address: 3651 RONDA DR
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change ( ) Addition
Name: BULLARD, MARY
Address: APT 1102 BRAM TOWER
City-St-Zip: SANFORD, FL 32771

Title: TR (X) Change ( ) Addition
Name: LEMON, LARRY
Address: 1407 SOUTH LOCUST AVE
City-St-Zip: SANFORD, FL 32771

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: OTIS C. RAINES RA 03/13/2009

Electronic Signature of Signing Officer or Director — Date