2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002317

1. Entity Name
SONSHIP CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
1334 VICKERS RD TALLAHASSEE, FL 32303	1334 VICKERS RD TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3541125
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TELLERS, KURT W
2570 NOBLE DRIVE
TALLAHASSEE, FL 32312

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	TELLERS, KURT W
STREET ADDRESS	2570 NOBLE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	TD
NAME	NEAL, WILLIAM H JR
STREET ADDRESS	437 HITSON LANE
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	SD
NAME	NEAL, CHARLOTTE
STREET ADDRESS	437 HITSON LANE
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	VD
NAME	TELLERS, SHARON
STREET ADDRESS	2570 NOBLE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80039-010 61.25

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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: _____ Kurt W. Tellers 1-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #