


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90226 017 ****61.25

DOCUMENT # N98000002352 1. Entity Name CHURCH FELLOWSHIP WORSHIP MINISTRIES, INC.					
Principal Place of Business 9117 LEM TURNER RD JACKSONVILLE, FL 32218			Mailing Address 9117 LEM TURNER RD JACKSONVILLE, FL 32218		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3503523	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent ALLEN, BRUCE 10832 NAPLES COURTS JACKSONVILLE, FL 32218	
Zip		Country		7. Name and Address of New Registered Agent Name Allen, Bruce Street Address (P.O. Box Number is Not Acceptable) 4019 Anderson Woods Drive City Jacksonville, FL Zip Code 32218	
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 <i>Bruce V. Allen</i> 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, BRUCE 10832 NAPLES CT SO JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Allen, Bruce 4019 Anderson Woods Drive Jacksonville, Florida 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALLEN, RENITA 10832 NAPLES CT SO JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Allen, Renita 4019 Anderson Woods Drive Jacksonville, Florida 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JIMMY 1432 RAVEN DRIVE SOUTH JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Bruce V. Allen</i> 4/24/07 x924-0200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					