


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90199 013 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3503523	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLEN, BRUCE 4019 ANDERSON WOODS DR JACKSONVILLE, FL 32218			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 PD	NAME ALLEN, BRUCE		TITLE V/D	NAME Allen, Bruce V	
STREET ADDRESS 4019 ANDERSON WOODS DR	CITY-ST-ZIP JACKSONVILLE, FL 32218		STREET ADDRESS 4019 Anderson Woods Drive	CITY-ST-ZIP Jacksonville, FL 32218	
TITLE VSD	NAME ALLEN, RENITA		TITLE T/D	NAME Warren, Mazie M	
STREET ADDRESS 4019 ANDERSON WOODS DR	CITY-ST-ZIP JACKSONVILLE, FL 32218		STREET ADDRESS 5257 Bunche Drive	CITY-ST-ZIP Jacksonville, FL 32209	
TITLE TD	NAME SMITH, JIMMY		TITLE S/D	NAME Kemp, Gail	
STREET ADDRESS 1432 RAVEN DRIVE SOUTH	CITY-ST-ZIP JACKSONVILLE, FL 32218		STREET ADDRESS 7012 Barkwood Drive	CITY-ST-ZIP Jacksonville, FL 32277	
TITLE 	NAME 		TITLE D	NAME Lott, Dwayne	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 11463 Juliet Leia Court	CITY-ST-ZIP Jacksonville, FL 32218	
TITLE 	NAME 		TITLE D	NAME Bynum, Gene	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 7701 Baymeadows Cir W Apt #1115	CITY-ST-ZIP Jacksonville, FL 32256	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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>[Signature]</i>			4-76-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			(904) 924-0000		
			Daytime Phone #		