

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004701

1. Entity Name
THE CANOPY CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

3660 VICTORIA DRIVE
WEST PALM BEACH, FL 33406 US

Mailing Address

3660 VICTORIA DRIVE
WEST PALM BEACH, FL 33406 US



04042004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-0855119

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, LAWRENCE
3660 VICTORIA DRIVE
WEST PALM BEACH, FL 33406

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

U000000132490
04/27/04-80049-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, LAWRENCE
STREET ADDRESS	3660 VICTORIA DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	STD
NAME	HARRELL, DIANA
STREET ADDRESS	14780 HORSESHOE TRACE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VPD
NAME	HARRELL, ALBERT III
STREET ADDRESS	14780 HORSESHOE TRACE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Diana M. Harrell* Diana M. Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 798-9990