

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002604

FILED
Apr 21, 2008
Secretary of State

Entity Name: CIRCLE OF FRIENDS MINISTRY, INC.

Current Principal Place of Business:

105 E. STUART AVENUE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

105 E. STUART AVENUE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-3572022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEHRINGER, MERTICE W
1344 S HIGHLAND PARK DRIVE
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

FEHRINGER, MERTICE W
1224 HWY 60 W
LAKE WALES, FL 33859 US

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:

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: FEHRINGER, MERTICE W
Address: 1344 S HIGHLAND PARK DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: SEC () Delete
Name: HOOD, JULIE
Address: 8920 SHEPPARD DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: TRES () Delete
Name: QUAM, ROB
Address: 140 E PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: CHMN (X) Delete
Name: RODDEN, GREG
Address: 4813 AVON ST
City-St-Zip: LAKE WALES, FL 33859

Title: VC () Delete
Name: GERRARD JR, PAUL
Address: P.O. BOX 648
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: BACCUS, MICHAEL
Address: 1013 CAMPBELL AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CHMN (X) Change () Addition
Name: GERRARD JR, PAUL
Address: P.O. BOX 648
City-St-Zip: LAKE WALES, FL 33859

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: MERTICE FEHRINGER

ED

04/21/2008

Electronic Signature of Signing Officer or Director

Date