

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009798

Entity Name: CALLED OUT BELIEVERS IN CHRIST FELLOWSHIP, INC.**Current Principal Place of Business:**1345 NIRA STREET
JACKSONVILLE, FL 32207**Current Mailing Address:**8433 RAMPART RD
JACKSONVILLE, FL 32244**FEI Number: 26-3485076****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, DEWEYNE JSR
8433 RAMPART RD
JACKSONVILLE, FL 32244 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	WALLACE-ROBINSON, ALEXANDER G
Address	1345 NIRA ST
City-State-Zip:	JACKSONVILLE FL 32207

Title	TREASURER
Name	JONES, THALANTHA
Address	1345 NIRA ST
City-State-Zip:	JACKSONVILLE FL 32207

Title	SECRETARY
Name	BROWN, SHARON
Address	1345 NIRA ST
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	THOMPSON, KAREN
Address	1345 NIRA ST
City-State-Zip:	JACKSONVILLE FL 32207

Title	PASTOR
Name	ROBINSON, DEWEYNE J SR.
Address	1345 NIRA ST
City-State-Zip:	JACKSONVILLE FL 32207

I hereby 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 all other like empowered.

SIGNATURE: DEWEYNE ROBINSON**PASTOR****03/31/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date