2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2014
Secretary of State
CC3871775382

DOCUMENT# N95000005681

Entity Name: CHURCH FOUNDATIONAL NETWORK, INC.

Current Principal Place of Business:

2221 S BLUE ANGEL PKWY
PENSACOLA, FL 32506

Current Mailing Address:

2221 S BLUE ANGEL PKWY
PENSACOLA, FL 32506

FEI Number: 59-3345542

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAFFORD, THOMAS D
2221 S BLUE ANGEL PKWY
PENSACOLA, FL 32506 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	EXDR
Name	LIPSCOMB, BUFORD M
Address	16461 INNERARITY POINT ROAD
City-State-Zip:	PENSACOLA FL 32507

Title	STD
Name	LIMBAUGH, MARC
Address	555 NEWNAN ROAD
City-State-Zip:	CARROLTON GA 30117

Title	DIRECTOR
Name	SIMPSON, CHARLES
Address	7671 SWEET GUM COURT
City-State-Zip:	MOBILE AL 36595

Title	DIRECTOR
Name	MATHER , JAMES
Address	5659 WILLIAM & MARY STREET
City-State-Zip:	MOBILE AL 36608

Title	VD
Name	HOLLIS, JACK
Address	POST OFFICE BOX 450 NA
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	KELLY, RON
Address	4901 FOREST CREEK DR
City-State-Zip:	PACE FL 32571

Title	DIRECTOR
Name	KARPINEN, DON
Address	8722 ESCONDIDO WAY EAST
City-State-Zip:	BOCA RATON FL 33433

Title	DIRECTOR
Name	RICE, RONALD
Address	1798 LIGHTNING
City-State-Zip:	NAVARRE FL 32566

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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: BUFORD M LIPSCOMB EXDR 04/02/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LIPSCOMB, JOSHUA C
Address	1117 HALYARD PLACE
City-State-Zip:	PENSACOLA FL 32507