

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N01000005489

Entity Name: FISHHAWK FELLOWSHIP, INC.

Current Principal Place of Business:

15326 FISHHAWK BLVD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

15326 FISHHAWK BLVD
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-3758495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTEN, DAVID
15326 FISHHAWK BLVD
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLEMAN, KENNETH
Address: 9320 MCINTOSH RD
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: RACKLEY, DUANE
Address: 15809 SORAWATER DR
City-St-Zip: LITHIA, FL 33547

Title: T () Delete
Name: MEYERS, NORMAN
Address: 2003 S. PEBBLE BEACH BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S () Delete
Name: MCCLAIN, PHILIP
Address: 5608 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HOLLIFIELD, WILLIAM M
Address: 5119 PINE ROCKLANDS AVE
City-St-Zip: LITHIA, FL 33547

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

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: WILLIAM MITCH HOLLIFIELD

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01/13/2009

Electronic Signature of Signing Officer or Director

Date