2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717379

City-St-Zip:

FILED Apr 13, 2007 Secretary of State

Entity Name: FELLOWSHIP OF CHRISTIAN LOVE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1320 ROCK SPRINGS DRIVE MELBOURNE, FL 32940 **Current Mailing Address: New Mailing Address:** 1320 ROCK SPRINGS DRIVE MELBOURNE, FL 32940 US FEI Number: 59-1286909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SNYDER, THOMAS 1320 ROCK SPRINGS DRIVE MELBOURNE, FL 32940 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SNYDER, AGATHA N Name: SNYDER, AGATHA N MRS. Name: 11320 ROCK SPRINGS DRIVE Address: 1320 ROCK SPRINGS DRIVE Address: MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: MELBOURNE, FL 32940 Title: PD () Delete Title: (X) Change () Addition Name: SNYDER, THOMAS Name: SNYDER, THOMAS J MR. Address: 1320 ROCK SPRINGS DRIVE Address: 1320 ROCK SPRINGS DRIVE City-St-Zip: MELBOURNE, FL 32940 US City-St-Zip: MELBOURNE, FL 32940 US Title: () Delete Title: () Change (X) Addition MARTIN, JOHN T MR. Name: Name: Address: Address: 1239 HEDGECOTH STREET City-St-Zip: City-St-Zip: PALM BAY, FL 32907 US Title: () Delete Title: () Change (X) Addition Name: Name: MARTIN, CATHEY S MRS. Address: Address: 1239 HEDGECOTH STREET

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

PALM BAY, FL 32907 US

SIGNATURE: THOMAS J. SNYDER PD 04/13/2007