2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723478

FILED Jan 23, 2007 Secretary of State

Entity Name: UNITED FAMILY FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

6627 LITHIA-PINECREST ROAD LITHIA, FL 33547

Current Mailing Address: New Mailing Address:

P.O. BOX 648 LITHIA, FL 33547

FEI Number: 59-1989097 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:

GAINER, HARVEY FITZPATRICK, SHAD
18230 DORMAN RD 1202 LETONA LN
LITHIA, FL 33547 US VALRICO, FL 33594 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: SHAD FITZPATRICK 01/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GAINER, HARVEY A FITZPATRICK, SHAD A Name: Name: 18230 DORMAN RD Address: 1202 LETONA LN Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: VALRICO, FL 33594 Title: Title: () Delete () Change () Addition Name: JENKINS, RON Name: Address: 1910 DORMAN RD Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: () Delete Title: () Change () Addition FARMER, E.J. Name: Name: Address: 8601 PRITCHER RD Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: BM () Delete Title: () Change () Addition Name: ROBINSON, DEAN Name: 9906 ALLEN RD Address: Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: () Delete Title: BM () Change (X) Addition Name: Name: SMITH, JEREMY A 1206 CHAMPIONS CR #105 Address: Address: CHAMPIONS GATE, FL 33896 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition WILLIAMS, STEVE Name: Name: Address: Address: 1206 PELOT CEMETARY RD LITHIA, FL 33547 City-St-Zip: City-St-Zip:

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.

SIGNATURE: SHAD FITZPATRICK PP 01/23/2007