

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723478

FILED
Jan 31, 2008
Secretary of State

Entity Name: UNITED FAMILY FELLOWSHIP, INC.

Current Principal Place of Business:

6627 LITHIA-PINECREST ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 648
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-1989097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPATRICK, SHAD
1202 LETONA LN
VALRICO, FL 33594 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: PP () Delete
Name: FITZPATRICK, SHAD A
Address: 1202 LETONA LN
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: JENKINS, RON
Address: 1910 DORMAN RD
City-St-Zip: LITHIA, FL 33547

Title: BM () Delete
Name: FARMER, E.J.
Address: 8601 PRITCHER RD
City-St-Zip: LITHIA, FL 33547

Title: BM (X) Delete
Name: ROBINSON, DEAN
Address: 9906 ALLEN RD
City-St-Zip: LITHIA, FL 33547

Title: BM () Delete
Name: SMITH, JEREMY A
Address: 1206 CHAMPIONS CR #105
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: BM () Delete
Name: WILLIAMS, STEVE
Address: 1206 PELOT CEMETARY RD
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SMITH, JUSTIN
Address: 3429 DRAGON VIEW CRT.
City-St-Zip: VALRICO, FL 33594

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

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

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

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: SHAD FITZPATRICK

PP

01/31/2008

Electronic Signature of Signing Officer or Director

_____ Date