

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759928

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** FELLOWSHIP TEMPLE MISSION, INC.

**Current Principal Place of Business:**

7116 HWY. 471  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HAROLD HOWELL  
8230 SE 23RD DR.  
WEBSTER, FL 33597

**New Mailing Address:**

**FEI Number:** 59-2152912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWELL, SAMMY J JR  
8412 SE 23ND DR  
WEBSTER, FL 33597 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: TD ( ) Delete  
Name: HOWELL, SR., HAROLD  
Address: 8230 S.E. 23RD DR.  
City-St-Zip: WEBSTER, FL 33597

Title: PD ( ) Delete  
Name: HOWELL, JESSE S., JR.,  
Address: 8412 S.E. 23RD DR.  
City-St-Zip: WEBSTER, FL 33597

Title: DS ( ) Delete  
Name: MARTIN, BETTY JO,  
Address: 8328 S.E. 23RD DR.  
City-St-Zip: WEBSTER, FL 33597

Title: D ( ) Delete  
Name: THOMPSON, MELINDA H  
Address: 8476 SE 23ND DRIVE  
City-St-Zip: WEBSTER, FL 33597

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: HAROLD HOWELL SR.

TD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date