

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005674

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: MY FELLOW MAN ALLIANCE, INC.

**Current Principal Place of Business:**

750 OLD HICKORY BLVD. SUITE 2-100  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

750 OLD HICKORY BLVD. SUITE 2-100  
BRENTWOOD, TN 37027

**New Mailing Address:**

FEI Number: 20-8725825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CHRM ( ) Delete  
Name: EDSON, DAVID  
Address: 750 OLD HICKORY BLVD. SUITE 2-100  
City-St-Zip: BRENTWOOD, TN 37027

Title: VCHR ( ) Delete  
Name: BHANDERA, FRED  
Address: 750 OLD HICKORY BLVD. SUITE 2-100  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: HERSH, EARL  
Address: 750 OLD HICKORY BLVD. SUITE 2-100  
City-St-Zip: BRENTWOOD, TN 37027

Title: P ( ) Delete  
Name: GROVE, BRIAN  
Address: 750 OLD HICKORY BLVD. SUITE 2-100  
City-St-Zip: BRENTWOOD, TN 37027

Title: ST ( ) Delete  
Name: MCVEY, MARTIN  
Address: 750 OLD HICKORY BLVD. SUITE 2-100  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: WITT, PRESTON  
Address: 602 GIRARD STREET  
City-St-Zip: HOUSTON, TX 77007

**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:

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: JOHN CROLEY

ATTY

04/16/2008

Electronic Signature of Signing Officer or Director

Date