

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# N00000000019

Entity Name: NEW FELLOWSHIP DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

240 BAHMAN AVE.  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

240 BAHMAN AVE.  
OPA-LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-0997146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

LARKIN, JIMMYE F  
240 BAHMAN AVE.  
OPA-LOCKA, FL 33054      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: PD      ( ) Delete  
Name: LARKIN, JIMMYE F  
Address: 2011 N.W. 151ST ST.  
City-St-Zip: MIAMI, FL 33054

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

Title: SD      ( ) Delete  
Name: FINCH, JACQUELYN J  
Address: 4100 NW 191 ST.  
City-St-Zip: CAROL CITY, FL 33055

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

Title: TD      ( ) Delete  
Name: LARKIN, DERRICK  
Address: 12038 NW 152 ST.  
City-St-Zip: OPA LOCKA, FL 33054

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: JIMMYE LARKIN

PD

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date