2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N00000001821

Entity Name: FRESH START FELLOWSHIP, INC.

Current Principal Place of Business:

7971 STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 747
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3612791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, JAMES J JR
420 SOUTH LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 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: P ( ) Delete
Name: HASKINS, WILLIAM H
Address: 5968 S. SPRING LAKE RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: V ( ) Delete
Name: DUREN, GARY S
Address: PO BOX 817
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S ( ) Delete
Name: HASKINS, EVELYN S
Address: 5968 S. SPRING LAKE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T ( ) Delete
Name: ROBBERT, ELAINE A
Address: 262 SWAN LAKE DR.
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: JONES, ROBERT E
Address: 7971 STATE ROAD 21
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: FRIEDLIN, PAT
Address: 7971 STATE ROAD 21
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: COLE, BARBARA
Address: P O BOX 1999
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: WILLIAM H. HASKINS PRES 03/21/2009
Electronic Signature of Signing Officer or Director — Date