2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003085

Entity Name: HIDDEN TREASURE FELLOWSHIP, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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22631 ROCKLAND AVENUE SORRENTO, FL 32776

Current Mailing Address: New Mailing Address:

P.O. BOX 1421 SORRENTO, FL 327761421

FEI Number: 59-3645390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DAY, DEBORAH JO

22631 ROCKLAND AVENUE

SORRENTO, FL 32776 US

DAY BRACELAND, DEBORAH JO

22631 ROCKLAND AVENUE

SORRENTO, FL 32776 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: DEBORAH JO DAY BRACELAND 03/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DP (X) Change () AdditionName:DAY, DEBORAH JOName:DAY BRACELAND, DEBORAH JOAddress:22631 ROCKLAND AVENUEAddress:22631 ROCKLAND AVENUECity-St-Zip:SORRENTO, FL 32776City-St-Zip:SORRENTO, FL 32776

Title: DT () Delete Title: () Change () Addition

 Name:
 WESTCOTT, JEAN M
 Name:

 Address:
 2455 MARKINGHAM ROAD
 Address:

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 STANLEY-CUMMINGS, D I
 Name:

 Address:
 519 E. 1ST STREET #700
 Address:

 City-St-Zip:
 SANFORD, FL 32771454
 City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition Name: HURST, PEYTON H Name: DAY BRACELAND, THOMAS A 1858 STARGAZER TERRACE 423 NORTH ORANGE AVE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32771

Name: MATTINGLY, KIM RENEE Name: MOORE, TRICIA

 Address:
 216 WOODS TRAIL
 Address:
 25706 PINE VALLEY DRIVE

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 MOUNT PLYMOUTH, FL 327769438

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: DEBORAH JO DAY BRACELAND P 03/10/2009