

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N00320**

1. Entity Name  
**ALETHIA FELLOWSHIP, INC.**



Principal Place of Business  
**2916 WAKULLA AVENUE  
PANAMA CITY, FL 32405-3919**

Mailing Address  
**2916 WAKULLA AVENUE  
PANAMA CITY, FL 32405-3919**



04202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2367137</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EMERSON, JACK  
2929 WAKULLA AVENUE  
PANAMA CITY, FL 32405**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000730589  
05/08/07 80086-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **CLEMENTS, ELAINE**  
STREET ADDRESS **11005 CLEMENTS RD**  
CITY-ST-ZIP **YOUNGSTOWN, FL**

TITLE **PD**  
NAME **EMERSON, MR. JACK**  
STREET ADDRESS **2929 WAKULLA AVENUE**  
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE **DT**  
NAME **TADLOCK, MARTIN L.**  
STREET ADDRESS **716 KENTUCKY AVENUE**  
CITY-ST-ZIP **LYNN HAVEN, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Martin L. Tadlock* **MARTIN L. TADLOCK** 4/19-07 850-271-2398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #