

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 23, 2008 08:00 AM  
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**



04212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2367137**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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 \$61.25  
Due by May 1, 2008**

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

**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	

U000000917438  
05/13/08-80041-015 61.25

**DO NOT WRITE  
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 DT** **21 Apr 108 (850) 271-2398**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #