


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90012 014 ****61.25

DOCUMENT # N01000000251			
1. Entity Name SUWANNEE FELLOWSHIP, INC.			
Principal Place of Business 60 SE 319TH STREET SUWANNEE FL 32692		Mailing Address PO BOX, HWY 319 436 SUWANNEE FL 32692	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 436	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HOLLAND, CHARLES 51 SE 236 STREET P.O. BOX 155 SUWANNEE FL 32692		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Charles E. Holland</u> <u>CHARLES E. HOLLAND</u> <u>02-19-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DVP HOLLAND, CHARLES 51 SE 236 STREET SUWANNEE FL 32692 <input type="checkbox"/> Delete <u>chg</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Pastor Michael Lowery <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 267 (60 SE 319th ST) Suwannee FL 32692
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HOLLAND, DONNA 51 SE 236 STREET SUWANNEE FL 32692 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WEEKS, VIDA F RT. 1 BOX 51 OLD TOWN FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BILLINGHAM, ED J 201 SE NATALIE TERRACE LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ELIZABETH (BETTY) P.O. BOX 280, HWY 349A SUWANNEE FL 32692 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna Holland (Treasurer)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07
Date

Daytime Phone #