

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000251

FILED
Jan 31, 2009
Secretary of State

Entity Name: SUWANNEE FELLOWSHIP, INC.

Current Principal Place of Business:

21026 SE 349TH HWY
SUWANNEE, FL 32692

New Principal Place of Business:

Current Mailing Address:

PO BOX 436
SUWANNEE, FL 32692

New Mailing Address:

FEI Number: 59-3734983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND, CHARLES
51 SE 236 STREET
P.O. BOX 155
SUWANNEE, FL 32692 US

Name and Address of New Registered Agent:

HOLLAND, CHARLES
51 SE 236 STREET
SUWANNEE, FL 32692 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: GLORIA MILLER

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 1VP () Delete
Name: HOLLAND, CHARLES
Address: 51 SE 236 ST/POBOX 155
City-St-Zip: SUWANNEE, FL 32692

Title: 2VP () Delete
Name: MILLER, BILL
Address: POB 280/HWY 349A
City-St-Zip: SUWANNEE, FL 32692

Title: DS () Delete
Name: WEEKS, VIDA F
Address: RT. 1 BOX 51
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: WOODES, VIDA FAYE
Address: RT 1 BX 51
City-St-Zip: OLD TOWN, FL 32680

Title: PSP () Delete
Name: LOWRY, MICHAEL DR
Address: POB 267/21026 SE 349TH HWY
City-St-Zip: SUWANNEE, FL 32692

Title: P () Delete
Name: LOWERY, MICHAEL PASTOR
Address: PO BOX 267 (60 SE 319TH ST)
City-St-Zip: SUWANNEE, FL 32692

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GLORIA MILLER

SEC

01/31/2009

Electronic Signature of Signing Officer or Director

Date