

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000251

FILED  
Apr 29, 2011  
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 (X)**

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

LOWERY, MICHAEL L DR  
21026 SE 349TH HWY  
SUWANNEE, FL 32692 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

**Title:** D  
**Name:** MILLER, ELIZABETH  
**Address:** POB 280/HWY 349A  
**City-St-Zip:** SUWANNEE, FL 32692

**Title:** D  
**Name:** WEEKS, VIDA F  
**Address:** RT. 1 BOX 51  
**City-St-Zip:** OLD TOWN, FL 32680

**Title:** S/D  
**Name:** LOWERY, BARBARA L  
**Address:** 21026 SE 349TH HWY  
**City-St-Zip:** SUWANNEE, FL 32692

**Title:** PSP  
**Name:** LOWERY, MICHAEL DR  
**Address:** POB 267/21026 SE 349TH HWY  
**City-St-Zip:** SUWANNEE, FL 32692

**Title:** T  
**Name:** LOWERY, JAMES L DR  
**Address:** PO BOX 267 21026 SE 349TH HWY  
**City-St-Zip:** SUWANNEE, FL 32692

I hereby 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 all other like empowered.

**SIGNATURE:** DR. MICHAEL L. LOWERY

PSP

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date