

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000251

FILED
Apr 10, 2012
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:

21026 SE 349TH HWY
OLD TOWN, FL 32680

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, DD., PRESIDENT

PSP

04/10/2012

Electronic Signature of Signing Officer or Director

Date