## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000612

Entity Name: FELLOWSHIP 180, INC.

FILED May 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2553 ASTER COVE LANE KISSIMMEE, FL 34758 **Current Mailing Address: New Mailing Address:** 2553 ASTER COVE LANE KISSIMMEE, FL 34758 FEI Number: 59-3690299 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOLDEN, WILLIAM R 2553 ASTER COVE LANE KISSIMMEE, FL 34758 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BOLDEN, WILLIAM BOLDEN, WILLIAM Name: Name: 2553 ASTER COVE LANE Address: 227 ROCHESTER LOOP Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: DAVENPORT, FL 33897 Title: () Delete Title: (X) Change ( ) Addition Name: BOLDEN, TRACI Name: BOLDEN, TRACI Address: 2553 ASTER COVE LANE Address: 227 ROCHESTER LOOP City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: DAVENPORT, FL 33897 Title: () Delete Title: () Change () Addition MCCORNICK, KEVIN Name: Name: Address: 538 ELGIN BLVD Address: City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: ( ) Delete Title: Title: () Change () Addition MCCORNICK, MELISSA Name: Name: Address: 538 ELGIN BLVD. Address: City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NORTON, MICHELLE BALLMAN, FRANKLIN H Name: Name: 2907 PADDINGTON WAY 564 WOODFIRE WAY Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: KISSIMMEE, FL 34747 Title: () Delete Title: (X) Change ( ) Addition NORTON, JASON LENT. STEPHEN Name: Name: Address: 564 WOODFIRE WAY Address: 237 ROCHESTER LOOP CASSELBERRY, FL 32707 City-St-Zip: DAVENPORT, FL 33897 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM R. BOLDEN O 05/06/2004