2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005194

Apr 24, 2007 Secretary of State

Entity Name: SOUTH COUNTY CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

10632 NAVIGATION DRIVE 7230 U.S. HIGHWAY 301 SOUTH RIVERVIEW, FL 33569

SUITE 3

RIVERVIEW, FL 33569

Current Mailing Address: New Mailing Address:

10632 NAVIGATION DRIVE 7230 U.S. HIGHWAY 301 SOUTH RIVERVIEW, FL 33569

SUITE 3

RIVERVIEW, FL 33569

FEI Number: 59-3752752 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:

HOLMES, BYRON B 10632 NÁVIGATION DRIVE RIVERVIEW, FL 33569

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HOLMES, BYRON B HOLMES, BYRON B Name: Name: 10309 FERNBROOK LANE Address: 10632 NAVIGATION DRIVE Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete Title: (X) Change () Addition

Name: KLEIN, PETER Name: KLEIN, PETER

Address: 10608 HATTERAS DRIVE Address: 2424 W. TAMPA BAY BLVD. #202

City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33607

Title: () Delete Title: () Change () Addition

DROULLARD, JOSHUA Name: Name: Address: 12751 LAKE VISTA DRIVE Address: City-St-Zip: GIBSONTON, FL 33534 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON B. HOLMES DP 04/24/2007