


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000007179	
<b>1. Entity Name</b> ETERNAL LIFE FELLOWSHIP INC.	

<b>Principal Place of Business</b> 1106 LINE STREET MELBOURNE FL 32901	<b>Mailing Address</b> 1106 LINE STREET MELBOURNE FL 32901
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 52-2049202	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WALDRON, TOM D ESQ. 112 WEST NEW HAVEN AVENUE MELBOURNE FL 32901
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**B.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	DP LEE, GWENDA PASTOR 2420 SOLANA STREET MELBOURNE FL 32901 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	U000000593820 01/25/07-80043-003 70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	DVP GREEN, MARY 210 E. UNIVERSITY #6 MELBOURNE FL 32901 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	DS SMITH, FELECIA 210 THOR AVENUE #103SE PALM BAY FL 32909 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	CVP POSTELL, JULIE 506 WALLS STREET MELBOURNE FL 32901 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	VP ALLEN, CHRIS 1638 JUPITER BLVD., N.W. PALM BAY FL 32907 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	TAS ALLEN, SCHRONIE 1638 JUPITER BLVD., N.W. PALM BAY FL 32907 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Gwenda Lee Gwenda Lee 1/18/2007 321-725-4933