

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90110 010 \*\*\*\*61.25

**DOCUMENT # N01000007352**

1. Entity Name  
**UNDER HIS WINGS FELLOWSHIP INC.**



Principal Place of Business  
**4750 52 MILE STRETCH RD  
 HOLIDAY, FL 34690 US**

Mailing Address  
**2038 PEPPERELL DR.  
 NEW PORT RICHEY, FL 34655 US**

**60033370**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03092005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**30-0025954**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILDOW, MARGARET E  
 8715 BERMUDA LN  
 PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILDOW, MIKE 8715 BERMUDA LANE PORT RICHEY, FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HADWIN, LON 7318 KAUAI LOOP HIA NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DION, THOMAS E 8812 HUNTSMAN LANE PORT RICHEY, FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, III, THOMAS C 2038 PEPPERELL DR. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HADWIN, ERICA 7318 KAUAI LOOP # 1-A NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4413 Plaza DR Apt A 108          Holiday FL 34690</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4413 PLAZA DR Apt A 108          Holiday FL 34690</b>
TITLE NAME STREET ADDRESS CITY-ST-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 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 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: William M Gildow **WILLIAM M GILDOW 3-10-05 727-699-8627**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #