2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

					SCCI CH	ai y di Stat		
DOCUMENT # N0100007352 1. Entity Name UNDER HIS WINGS FELLOWSHIP INC.					04-14-2005 90110 010 ****61.25			
4750 52 MILE STRETCH RD 20		Mailing Address 2038 PEPPERELL DR. NEW PORT RICHEY, FL	34655 US					
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (10/03)		
City & State		City & State	City & State		4. FEI Number Applied For 30-0025954 Applied For Not Applicab			
Zip ~	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New R	legistered Agent		
. = ===			Name	** ************************************				
8715 BERI	MARGARET E MUDA LN HEY, FL 34668			Street Address (P.O. Box Number is Not Acceptable)				
FORTRIC	11L1, FL 34000		-					
	: .		City		FL Zip Code			
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	named entity submits this statement in its or registered agent.	or the purpose of changing its	registered office of	registered agent, or bo	an, in the State of Fi	orida. Tam familiar with, and acc	cept	
and deligate	, toglatared again.			. •				
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SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	E: Registered Agent signatu	re required when reinstating)		DATE	•	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CH	IANGES TO OFFICE	RS AND DIRECTORS IN 10		
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CITY-SI-ZIP	PORT RICHEY, FL. 34668		STREET ADDRESS			Change Ad	dilloit	
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NAME	HADWIN, LON 7318 KAUAI LOOP HIA NEW PORT RICHEY, FL 3465	3	CITY-ST-ZIP TITLE NAME	4413 Pla Holida	24 DR 4 FL 3	Ø Change □ Ad Apt A 108 34690		
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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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

SIGNATURE:	William m	Leldow	WILLIAM N	1 GROOW	3-10-05	727-849-862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime		e Phone #	