

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007352

FILED  
Apr 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

5910 PINE HILL RD  
UNIT #10  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

1828 MANDOLIN LN  
HOLIDAY, FL 34690 US

**New Mailing Address:**

**FEI Number:** 30-0025954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPPER, DANETTE  
5134 TANGELO DRIVE  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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:**

**Title:** D  
**Name:** HOPPER, DANETTE  
**Address:** 5134 TANGELO DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** O  
**Name:** CHAMPINE, PATTI  
**Address:** 9680 JEROME DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

**Title:** D  
**Name:** CHAMPINE, LARRY  
**Address:** 9680 JEROME DR  
**City-St-Zip:** NEW PORT RICEY, FL 34654

**Title:** T  
**Name:** KITTLES, JACK  
**Address:** 1828 MANDOLIN LN  
**City-St-Zip:** HOLIDAY, FL 34690

**Title:** S  
**Name:** CARMACK, MISTY  
**Address:** 10525 FRAN ST  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

I hereby 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 all other like empowered.

**SIGNATURE:** DANETTE HOPPER

D

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date