2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N01000008344

Entity Name: UNIVERSAL WOMEN'S FELLOWSHIP, INC.

Current Principal Place of Business:

380 W. STATE ROAD 434
SUITE 100 PMB 115
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

380 W. STATE ROAD 434
SUITE 100 PMB 115
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3758036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, MABLE
120 LAKEWIND TRAIL
MAITLAND, FL 32751 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 ( ) Delete
Name: BELL, MABLE
Address: 904-C LAKE DESTINY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32794

Title: D ( ) Delete
Name: ALLEN, RITA
Address: 1111 AUDABON WAY
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: FILMORE, CYNTHIA
Address: 7230-B FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: WILLIAMS, HELLEN
Address: 540 YEW COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: HOGAN, JOANN Q
Address: 2125 SEAPORT CIR #111
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: DIX, JACQUELENE
Address: 300 GREENEND STREET
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MABLE BELL DR 04/25/2005

Electronic Signature of Signing Officer or Director — Date