## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008344

FILED Apr 28, 2011 Secretary of State

Entity Name: UNIVERSAL WOMEN'S FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

P.O. BOX 940366 MAITLAND, FL 32794

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

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

BELL, MABLE

1035 PRINCETON DRIVE

CLERMONT, FL 34711 US

BELL, MABLE

108 CREPE MYRTLE DRIVE

GROVELAND, FL 34736 U

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: MABLE BELL 04/28/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: BELL, MABLE

in the State of Florida.

Address: 1035 PRINCETON DRIVE City-St-Zip: CLERMONT, FL 34711

Title:

Name: GILLIAN, GLORIA
Address: P.O. BOX 680223
City-St-Zip: ORLANDO, FL 32868

Title:

Name: FILMORE, CYNTHIA
Address: 7230-B FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810

Title: VF

Name: WILLIAMS, HELLEN Address: 540 YEW COURT

City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title:

 Name:
 COWELS, LINDA

 Address:
 P.O. BOX 952405

 City-St-Zip:
 LAKE MARY, FL 32795

Title: [

Name: SINCLAIR, IVONNE Address: 801 WINDY PLACE

City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: MABLE BELL P 04/28/2011