

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008344

FILED  
Mar 03, 2012  
Secretary of State

**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:**

120 CREPE MYRTLE DRIVE  
GROVELAND, FL 34736

**Current Mailing Address:**

P.O. BOX 940366  
MAITLAND, FL 32794

**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  
108 CREPE MYRTLE DRIVE  
GROVELAND, FL 34736 US

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

BELL, MABLE  
120 CREPE MYRTLE DRIVE  
GROVELAND, FL 34736 US

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: MABLE BELL

03/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BELL, MABLE  
Address: 120 CREPE MYRTLE DRIVE  
City-St-Zip: GROVELAND, FL 34736

Title: D  
Name: CRANE, DEMETRIUS  
Address: P.O. BOX 536872  
City-St-Zip: ORLANDO, FL 32853

Title: D  
Name: HOGAN, JOANN  
Address: 5912 LITTLE LOOP #208  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: INGRAM, REBECCA  
Address: P.O. BOX 651838  
City-St-Zip: MIAMI, FL 32265

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

03/03/2012

Electronic Signature of Signing Officer or Director

Date