

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002977

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** ON THE RIGHT TRACK INTERNATIONAL FELLOWSHIP INC.

**Current Principal Place of Business:**

6539 TOWNSEND RD  
#291  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

7748 MCCOWAN DR  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

6539 TOWNSEND RD  
#291  
JACKSONVILLE, FL 32244

**New Mailing Address:**

7748 MCCOWAN DR  
JACKSONVILLE, FL 32244

**FEI Number:** 02-0686048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, FELTINA L  
6539 TOWNSEND RD  
#291  
JACKSONVILLE, FL 32244 US

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

WILLIAMS, FELTINA L  
7748 MCCOWAN DR  
JACKSONVILLE, FL 32244 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: FELTINA L. WILLIAMS

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, MICHAEL A  
Address: 6539 TOWNSEND RD #291  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: RIVERS, GASTON PASTOR  
Address: 910 DUCKHEAD RD.  
City-St-Zip: WAYNESBORO, GA

Title: D ( ) Delete  
Name: GRIMBLE, KENNETH  
Address: 809 EVE STREET  
City-St-Zip: AUGUSTA, GA 30904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, MICHAEL A  
Address: 7748 MCCOWAN DR  
City-St-Zip: JACKSONVILLE, FL 32244

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: MICHAEL A. WILLIAMS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date