

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003097

FILED
Apr 13, 2009
Secretary of State

Entity Name: EASTPOINT FELLOWSHIP, INC.

Current Principal Place of Business:

15060 OLD CHENEY HIGHWAY
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781000
ORLANDO, FL 328781000

New Mailing Address:

FEI Number: 20-0041378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, DANIEL E
4518 HAYLOCK DRIVE
ORLANDO, FL 32807 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: STRICKLAND, DANIEL E
Address: 4518 HAYLOCK DRIVE
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: FISH, CHARLIE
Address: 13525 TOPAZ LAKE COURT
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: DAWES, GREGORY A
Address: 9415 RAVEN DELL STREET
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: TYRE, SEABORN S
Address: 13592 OLD DOCK ROAD
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: DEMERATH, ALAN J
Address: 10025 RATCLIFF COURT
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: BARTON, MICHELLE
Address: 1149 WILLOW BRANCH DRIVE
City-St-Zip: ORLANDO, FL 32828

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
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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 exemption stated in Chapter 119, 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: DANIEL STRICKLAND

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date