2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009352

FILED Apr 25, 2008 Secretary of State

Entity Name: FELLOWSHIP OF CHRISTIAN BUSINESS COMMUNITY, INC.

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

8301 N. 40TH ST. TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

P.O. BOX 8005 TAMPA, FL 33674

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

DADA, GABRIEL S
8301 N. 40TH ST.
TAMPA, FL 33604 US

DADA, GABRIEL S
8301 N 40TH ST
TAMPA, FL 33604 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: 04/25/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 DADA, GABRIEL S
 Name:
 OGUNDIPE, OLUKAYODE

 Address:
 8301 N. 40TH ST.
 Address:
 10919 CORY LAKE DRIVE

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33647

Title: SD () Delete Title: FSEC (X) Change () Addition Name: FADARE, ABIOLA Name: FADARE, ABIOLA

Address: 7519 TERRACE RIVER DRIVE Address: 10923 CORY LAKE DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637 City-St-Zip: TAMPA, FL 33647

Title:TD () DeleteTitle:SEC (X) Change () AdditionName:AFOLABI, DOKUNName:IKUDAYISI, DAVIDAddress:18027 JAVA ISLE DR.Address:20122 SHADY HILL LANE

Address: 18027 JAVA ISLE DR. Address: 20122 SHADY HILL LANI
City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: FS (X) Delete Title: () Change () Addition Name: OGUNDIPE. KAYODE Name:

 Name:
 OGUNDIPE, KÁYODE
 Name:

 Address:
 10919 CORY LAKE DR.
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 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: OLUKAYODE OGUNDIPE P 04/25/2008