

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90046 009 \*\*\*\*61.25

**DOCUMENT # N03000010304**

1. Entity Name

UNITED FELLOWSHIP INC.



Principal Place of Business

15460 SW 74 CIRCLE CT UNIT 1006  
MIAMI FL 33193

Mailing Address

15460 SW 74 CIRCLE CT UNIT 1006  
MIAMI FL 33193

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

61-1465202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, JEAN  
15460 SW 74 CIRCLE CT UNIT 1006  
MIAMI FL 33193

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: DP  
NAME: CAMMOCK, E. EVANG.  
STREET ADDRESS: 15460 SW 74 CIRCLE CT UNIT 1006  
CITY-ST-ZIP: MIAMI FL 33193 ☒ Delete

TITLE: DV  
NAME: WINSTON, NELSON  
STREET ADDRESS: 15460 SW 74 CIRCLE CT UNIT 1006  
CITY-ST-ZIP: MIAMI FL 33193 ☒ Delete

TITLE: DS  
NAME: BURKE, JEAN PASTOR  
STREET ADDRESS: 15460 SW 74 CIRCLE CT UNIT 1006  
CITY-ST-ZIP: MIAMI FL 33193 ☐ Delete

TITLE: DT  
NAME: POWELL, F. PASTOR  
STREET ADDRESS: 15460 SW 74 CIRCLE CT UNIT 1006  
CITY-ST-ZIP: MIAMI FL 33193 ☒ Delete

TITLE: DAT  
NAME: WALLEN, M. PASTOR  
STREET ADDRESS: 15460 SW 74 CIRCLE CT UNIT 1006  
CITY-ST-ZIP: MIAMI FL 33193 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: DP ☒ Change ☐ Addition  
NAME: Winston Nelson Pastor  
STREET ADDRESS: 15460 SW 74 Cir Ct 1006  
CITY-ST-ZIP: Miami, FL 33193

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: DV ☒ Change ☐ Addition  
NAME: Powell F Pastor  
STREET ADDRESS: 15460 SW 74 Cir Ct 1006  
CITY-ST-ZIP: Miami, FL 33193

TITLE: ☐ Change ☒ Addition  
NAME: Holness Rayness  
STREET ADDRESS: 15460 SW 74 Cir Ct 1006  
CITY-ST-ZIP: Miami, FL 33193

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEAN BURKE *Jeane Burke DS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 305 823 2000

Date

Daytime Phone # 8606