

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010304

FILED
Mar 04, 2009
Secretary of State

Entity Name: UNITED FELLOWSHIP INC.

Current Principal Place of Business:

15460 SW 74 CIRCLE CT UNIT 1006
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

15460 SW 74 CIRCLE CT UNIT 1006
MIAMI, FL 33193

New Mailing Address:

FEI Number: 61-1465202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, JEAN
15460 SW 74 CIRCLE CT UNIT 1006
MIAMI, FL 33193 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: DP () Delete
Name: WINSTON, NELSON
Address: 15460 SW 74 CIRCLE CT UNIT 1006
City-St-Zip: MIAMI, FL 33193

Title: DS () Delete
Name: BURKE, JEAN PASTOR
Address: 15460 SW 74 CIRCLE CT UNIT 1006
City-St-Zip: MIAMI, FL 33193

Title: DV () Delete
Name: POWELL, F. PASTOR
Address: 15460 SW 74 CIRCLE CT UNIT 1006
City-St-Zip: MIAMI, FL 33193

Title: DAT () Delete
Name: WALLEN, M. PASTOR
Address: 15460 SW 74 CIRCLE CT UNIT 1006
City-St-Zip: MIAMI, FL 33193

Title: DT () Delete
Name: HOLNESS, RAGNESS
Address: 15460 SW 74 CIR CT 1006
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WINSTON, NELSON PASTOR
Address: 15460 SW 74 CIRCLE CT UNIT 1006
City-St-Zip: MIAMI, FL 33193

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: DT (X) Change () Addition
Name: HOLNESS, RAYNESS PASTOR
Address: 15460 SW 74 CIR CT 1006
City-St-Zip: MIAMI, FL 33193

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: JEAN BURKE

DS

03/04/2009

Electronic Signature of Signing Officer or Director

Date