

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001106

FILED
May 20, 2007
Secretary of State

Entity Name: FLORIDA AUGUSTINE FELLOWSHIP, INC.

Current Principal Place of Business:

P.O. BOX 7403
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

335 PLYMOUTH ROAD
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

P. O. BOX 7403
WEST PALM BEACH, FL 33405 US

New Mailing Address:

335 PLYMOUTH ROAD
WEST PALM BEACH, FL 33405 US

FEI Number: 20-0805974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSE, BRIAN K
335 PLYMOUTH ROAD
WEST PALM BEACH, FL 33405 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: CT () Delete
Name: MURRAY, CYNTHIA A TREAS.
Address: 38117 ARCHER AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: CS () Delete
Name: DECICCO, DOUGLAS SEC.
Address: 3230 NE 9TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: C () Delete
Name: STANLEY, GERALD
Address: 3812 SAN MIGUEL LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: C () Delete
Name: WINDCHILD, KAREN
Address: 15216 JACKSON ROAD
City-St-Zip: DELRAY BEACH, FL 38414 US

Title: C () Delete
Name: ROWLANDS, DAN
Address: 10730 SE JUPITER NARROWS DRIVE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: C () Delete
Name: ROSE, BRIAN K RA
Address: 335 PLYMOUTH ROAD
City-St-Zip: WEST PALM BEACH, FL 33405 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: BENJAMIN, BARRY
Address: 14731 67TH TRAIL, NORTH
City-St-Zip: WEST PALM BEACH, FL 33418 US

Title: () Change () Addition
Name:
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: CYNTHIA MURRAY

CT

05/20/2007

Electronic Signature of Signing Officer or Director

Date