

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006274

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** ETERNAL LIFE CHRISTIAN FELLOWSHIP, INC

**Current Principal Place of Business:**

6407 SAGEWOOD DR  
ORLANDO, FL 32818

**New Principal Place of Business:**

407 SOUTH PARRAMORE AVENUE  
SUITE B  
ORLANDO, FL 32818

**Current Mailing Address:**

6407 SAGEWOOD DR  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 86-1110224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

GREEN, WILLIE L  
6407 SAGEWOOD DR  
ORLANDO, FL 32818      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: GREEN, WILLIE L  
Address: 6407 SAGEWOOD DR  
City-St-Zip: ORLANDO, FL 32818

Title: DT      ( ) Delete  
Name: GREEN, DAOSY E  
Address: 6407 SAGEWOOD DR  
City-St-Zip: ORLANDO, FL 32818

Title: DS      ( ) Delete  
Name: WILLIAMS, DWIGHT E  
Address: 4789 N. PINE HILLS RD. #104  
City-St-Zip: ORLANDO, FL 32808

Title: C      ( ) Delete  
Name: WHITE, EMORY  
Address: 5433 WOOD CROSSING ST.  
City-St-Zip: ORLANDO, FL 32811

Title: S      ( ) Delete  
Name: MARSHALL, TIERRA  
Address: 3940 W.D. JUDGE DR.  
City-St-Zip: ORLANDO, FL 32808

Title: ME      ( ) Delete  
Name: COLEMAN, DESERA E  
Address: 3024 N. POWERS DR., APT. 155  
City-St-Zip: ORLANDO, FL 32818

**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  
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: WILLIE L. GREEN

DP

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date