

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008927

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** WISDOM CENTER PLACE OF FELLOWSHIP, INC.

**Current Principal Place of Business:**

2303 MUDLAKE ROAD  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

1202 N. MARYLAND AVE.  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 20-1523423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REAVES, EVONN  
1202 N. MARYLAND AVE.  
PLANT CITY, FL 33563 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:** D  
**Name:** REAVES, EVONN  
**Address:** 1202 N. MARYLAND AVE.  
**City-St-Zip:** PLANT CITY, FL 33563

**Title:** D  
**Name:** REAVES, CLARETHA  
**Address:** 1202 N. MARYLAND AVE.  
**City-St-Zip:** PLANT CITY, FL 33563

I hereby 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 all other like empowered.

**SIGNATURE:** EVONN REAVES

D

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date