

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001338

FILED
Jan 25, 2006
Secretary of State

Entity Name: WELL COMMUNITY FELLOWSHIP, INC.

Current Principal Place of Business:

8385 SW 101ST PLACE ROAD
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

8385 SW 101ST PLACE ROAD
OCALA, FL 34481

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, DAVID L.
8385 SW 101ST PLACE ROAD
OCALA, FL 34481 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: POOLE, DAVID L
Address: 8385 SW 101 PLACE ROAD
City-St-Zip: OCALA, FL 34481

Title: D () Change (X) Addition
Name: PAYNE, MICHAEL W
Address: 5422 CLINTON BLVD.
City-St-Zip: JACKSON, MS 39209

Title: D () Change (X) Addition
Name: GRIFFIN IV, BEN HILL
Address: BOX 278
City-St-Zip: FROSTPROOF, FL 33843

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID L. POOLE SR.

P

01/25/2006

Electronic Signature of Signing Officer or Director

Date