2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N05000002764

Entity Name: NATURA FELLOWSHIP, INC.

Current Principal Place of Business:

1662 QUAIL LAKE DRIVE
VENICE, FL 34293

New Principal Place of Business:

12709 WYNN LANE
HUDSON, FL 34669

Current Mailing Address:

12709 WYNN LANE
HUDSON, FL 34669

New Mailing Address:

1662 QUAIL LAKE DRIVE
VENICE, FL 34293

FEI Number: 33-1113659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, WILLIAM R
1662 QUAIL LAKE DRIVE
VENICE, FL 34293 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:

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: C, D ( ) Change (X) Addition
Name: BELLOWS, DAN
Address: 12709 WYNN LANE
City-St-Zip: HUDSON, FL 34669

Title: VC D ( ) Change (X) Addition
Name: MARTINSON, RANDY
Address: 12709 WYNN LANE
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Change (X) Addition
Name: MARTIN, WILLIAM R
Address: 12709 WYNN LANE
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Change (X) Addition
Name: BLOOD, DAVID
Address: 12709 WYNN LANE
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Change (X) Addition
Name: TREVORT, JIM
Address: 12709 WYNN LANE
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Change (X) Addition
Name: TREVORT, SHIRLEY
Address: 12709 WYNN LANE
City-St-Zip: HUDSON, FL 34669

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: WILLIAM R. MARTIN D 04/12/2006

Electronic Signature of Signing Officer or Director — Date