2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N07000002145

Entity Name: NORTHPOINTE FELLOWSHIP, INC.

Current Principal Place of Business:

19624 SPRING OAK DRIVE
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

19624 SPRING OAK DRIVE
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 20-8609299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTHRIE, PAUL A DR.
19624 SPRING OAK DRIVE
EUSTIS, FL 32736 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:	P	( ) Delete
Name:	GUTHRIE, PAUL A DR.	
Address:	19624 SPRING OAK DRIVE	
City-St-Zip:	EUSTIS, FL 32736	
Title:	VP	( ) Delete
Name:	PHILLIPS, GARY D	
Address:	40610 LONG ISLAND DRIVE	
City-St-Zip:	UMATILLA, FL 32784	
Title:	S	( ) Delete
Name:	RANDALL, REBECCA	
Address:	311 SOUTH CENTRAL AVENUE	
City-St-Zip:	UMATILLA, FL 32784	
Title:	T	( ) Delete
Name:	HOLMES, KIMBERLY	
Address:	42708 LAKE HOSPITALITY LANE	
City-St-Zip:	ALTOONA, FL 32702	

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:	

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: DR. PAUL A. GUTHRIE, JR. P 01/08/2008

Electronic Signature of Signing Officer or Director — Date