

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002145

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** NORTHPOINTE FELLOWSHIP, INC.

**Current Principal Place of Business:**

19624 SPRING OAK DRIVE  
EUSTIS, FL 32736

**New Principal Place of Business:**

925 N CENTRAL AVE  
UMATILLA, FL 32784

**Current Mailing Address:**

19624 SPRING OAK DRIVE  
EUSTIS, FL 32736

**New Mailing Address:**

PO BOX 1916  
UMATILLA, FL 32784

**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:**

PHILLIPS, GARY D MR  
40610 LONG ISLAND DR  
UMATILLA, FL 32784 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: GARY D PHILLIPS

04/09/2009

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 (X) Delete  
Name: HOLMES, KIMBERLY  
Address: 42708 LAKE HOSPITALITY LANE  
City-St-Zip: ALTOONA, FL 32702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PHILLIPS, GARY D MR  
Address: 40610 LONG ISLAND DR  
City-St-Zip: UMATILLA, FL 32784

Title: S (X) Change ( ) Addition  
Name: RANDALL, REBECCA  
Address: 925 N CENTRAL AVE  
City-St-Zip: UMATILLA, FL 32784

Title: T (X) Change ( ) Addition  
Name: HOLMES, KIMBERLY  
Address: 925 N CENTRAL AVE  
City-St-Zip: UMATILLA, FL 32784

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: GARY D PHILLIPS

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date