

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005306

FILED  
Jun 11, 2008  
Secretary of State

Entity Name: MIDWAY UNITY FELLOWSHIP INC.

## Current Principal Place of Business:

50 MARTIN LUTHER KING BLVD.  
MIDWAY, FL 32343

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 515  
MIDWAY, FL 323430515

## New Mailing Address:

FEI Number: 33-1166510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HARRIS, DOUGLAS M.  
1907 HAMILTON ST.  
QUINCY, FL 32351      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: HARRIS, DOUGLAS  
Address: 1907 HAMILTON ST.  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: MARSHALL, LENARD  
Address: PO BOX 515  
City-St-Zip: QUINCY, FL 323430515

Title: D ( ) Delete  
Name: GILBERT, SLYVIA  
Address: P.O. BOX 1295  
City-St-Zip: QUINCY, FL 32351

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HARRIS, DOUGLAS  
Address: 1907 HAMILTON ST.  
City-St-Zip: QUINCY, FL 32351 US

Title: D (X) Change ( ) Addition  
Name: MARSHALL, LENOARD  
Address: PO BOX 515  
City-St-Zip: QUINCY, FL 323430515 US

Title: D (X) Change ( ) Addition  
Name: GILBERT, SLYVIA  
Address: P.O. BOX 1295  
City-St-Zip: QUINCY, FL 32351 US

Title: D ( ) Change (X) Addition  
Name: HUNTER, CASSANDRA J  
Address: 60 DJ LANE  
City-St-Zip: QUINCY, FL 32352 US

Title: D ( ) Change (X) Addition  
Name: NIA, TIA  
Address: 1120 WOODBURN LANE  
City-St-Zip: TALLAHASSEE, FL 32304 US

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: DOUGLAS M. HARRIS

PRES

06/11/2008

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

\_\_\_\_\_  
Date