

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009325

FILED  
May 30, 2008  
Secretary of State

**Entity Name:** PROFESSIONAL MEN'S CHRISTIAN FELLOWSHIP INC.

**Current Principal Place of Business:**

511 SYLVAN DR  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

511 SYLVAN DR  
WINTER PARK, FL 32789

**New Mailing Address:**

401 AUGUSTINE COURT  
OVIEDO, FL 32765

**FEI Number:** 26-1315635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

OTEGBEYE, AYODEJI  
511 SYLVAN DR  
WINTER PARK, FL 32789 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: OTEGBEYE, AYODEJI  
Address: 511 SYLVAN DR  
City-St-Zip: WINTER PARK, FL 32789

Title: P ( ) Delete  
Name: OTEGBEYE, AYODEJI  
Address: 511 SYLVAN DR  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: BUKOLA, OLU  
Address: 401 AUGUSTINE CT  
City-St-Zip: OVEIDO, FL 32765

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BUKOLA, OLU  
Address: 401 AUGUSTINE CT  
City-St-Zip: OVEIDO, FL 32765

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: OLU BUKOLA

\_\_\_\_\_  
OLU

\_\_\_\_\_  
05/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date