## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005105

City-St-Zip:

WELLINGTON, FL 33414

FILED Apr 30, 2009 Secretary of State

Entity Name: ACERAGE SDA FELLOWSHIP, INC.							
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
	NGE BOULE CHEE, FL 334						
Current Ma	ailing Addres	s:	New Mailing Address:				
	NGE BOULE CHEE, FL 334						
FEI Number:	26-2710369	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:		
TRACEY, JASON 14911 ORANGE BLVD. LOXAHATCHEE, FL 33470 US			14911 ORA	BALFOUR, DALE 14911 ORANGE BLVD. LOXAHATCHEE, FL 33470 US			
The above in the State		submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or both	,	
SIGNATUR	E: DALE BA	LFOUR			04/30/2009		
	Electron	ic Signature of Registered Age	ent		Date		
OFFICERS	AND DIREC	TORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	P () FAGAN, CEBER 2322 PRARIEVI LOXAHATCHEE	EW DRIVE	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () WILLIAMS, ROI 1271 SE 27TH HOMESTEAD, F	STREET	Title: Name: Address: City-St-Zip:	VP (X BALFOUR, DAL 4669 MANDER WELLINGTON,	LY DRIVE		
Title: Name: Address: City-St-Zip:	T () FAGAN, EDNA 2322 PRARIEVI LOXAHATCHEE		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	S () BALFOUR, DAL 4669 MANDERI WELLINGTON,	Y DRIVE	Title: Name: Address: City-St-Zip:	GREENIDGE, I 12714 79TH CO			
Title: Name: Address:	KANKAM, EDW	Delete ARD DAD 7, SUITE 400	Title: Name: Address:	( )	) Change ()Addition		

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.

City-St-Zip:

SIGNATURE: DALE BALFOUR VΡ 04/30/2009