2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2012
Secretary of State

DOCUMENT# N11000011204

Entity Name: GRIEF CARE FELLOWSHIP, INC.

Current Principal Place of Business:

13202 WORD OF LIFE DR.
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

13202 WORD OF LIFE DR.
HUDSON, FL 34669

New Mailing Address:

FEI Number: 45-3863587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAGG, DOUGLAS
13202 WORD OF LIFE DR.
HUDSON, FL 34669 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
Name: BAGG, DOUGLAS A
Address: 13202 WORD OF LIFE DR.
City-St-Zip: HUDSON, FL 34669

Title: T
Name: BROWN, BOB
Address: 13202 WORD OF LIFE DR.
City-St-Zip: HUDSON, FL 34669

Title: S
Name: PAGE, STUART
Address: 13202 WORD OF LIFE DR.
City-St-Zip: HUDSON, FL 34669

Title: D
Name: WYRTZEN, JOAN
Address: 13202 WORD OF LIFE DR.
City-St-Zip: HUDSON, FL 34669

Title: D
Name: MILLER, LOGAN J
Address: 13202 WORD OF LIFE DR.
City-St-Zip: HUDSON, FL 34669

Title: D
Name: WITSCHI, ERNEST
Address: 13202 WORD OF LIFE DR.
City-St-Zip: HUDSON, FL 34669

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS A. BAGG P 06/12/2012

Electronic Signature of Signing Officer or Director — Date