# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2005**
**Secretary of State**

DOCUMENT# N15621

**Entity Name:** THE FELLOWSHIP OF SUBTLE LIGHT, INC.

**Current Principal Place of Business:**

3939 LOQUAT AVENUE
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3939 LOQUAT AVENUE
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number: 59-2710251** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, GEORGE
3939 LOQUAT AVENUE
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

ROBINSON, GEORGE P
3939 LOQUAT AVENUE
MIAMI, FL 33133 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: GEORGE ROBINSON 04/22/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete
Name: ROBINSON, GEORGE,
Address: 3939 LOQUAT AVE
City-St-Zip: MIAMI, FL

Title: TVD ( ) Delete
Name: ROBINSON, VANESSA
Address: 3939 LOQUAT AVENUE
City-St-Zip: MIAMI, FL 33133

Title: STD ( ) Delete
Name: SHERMAN, LISA
Address: 20 CALABRIA AVE
City-St-Zip: CORAL GABLES, FL 33134

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

Title: CPD (X) Change ( ) Addition
Name: ROBINSON, GEORGE P
Address: 3939 LOQUAT AVE
City-St-Zip: MIAMI, FL 33133 US

Title: TVD (X) Change ( ) Addition
Name: ROBINSON, VANESSA
Address: 3939 LOQUAT AVENUE
City-St-Zip: MIAMI, FL 33133 US

Title: STD (X) Change ( ) Addition
Name: SHERMAN, LISA
Address: 20 CALABRIA AVE
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGE ROBINSON P 04/22/2005
Electronic Signature of Signing Officer or Director Date