

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N15621

1. Entity Name

THE FELLOWSHIP OF SUBTLE LIGHT, INC.



Principal Place of Business

3939 LOQUAT AVENUE
MIAMI FL 33133

Mailing Address

3939 LOQUAT AVENUE
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2710251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, GEORGE P
3939 LOQUAT AVENUE
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CPD	☐ Delete
NAME	ROBINSON, GEORGE P	
STREET ADDRESS	3939 LOQUAT AVE	
CITY- ST- ZIP	MIAMI FL 33133	

TITLE	TVD	☐ Delete
NAME	ROBINSON, VANESSA	
STREET ADDRESS	3939 LOQUAT AVENUE	
CITY- ST- ZIP	MIAMI FL 33133	

TITLE	STD	☐ Delete
NAME	SHERMAN, LISA	
STREET ADDRESS	20 CALABRIA AVE	
CITY- ST- ZIP	CORAL GABLES FL 33134	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Add
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000440669
03/03/06-80003-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Handwritten Signature]

2/17/06 2:05 PM