2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N25863

Entity Name: DIRECTIONS FELLOWSHIP, INC.

Current Principal Place of Business:

5495 CLARCONA OCOEE RD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5775 MICHELLE LANE
SANFORD, FL 32771

New Mailing Address:

5495 CLARCONA OCOEE ROAD
ORLANDO, FL 32810

FEI Number: 59-2866601 **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:

EVANS, MARK A.
5775 MICHELLE LANE
SANFORD, FL 32771 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: D ( ) Delete
Name: EVANS, MARK A.,
Address: 5495 CLARCONIA-OCEE RD.
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: POWELL, TIM W
Address: 3711 TRAILS END
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: WEEKLEY, PHIL
Address: 814 MALONE DRIVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: WEEKLEY, PHIL
Address: 805 MARK DAVID BLVD
City-St-Zip: CASSELBERRY, FL 32707

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: MARK A. EVANS D 06/30/2005

Electronic Signature of Signing Officer or Director — Date