

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42909

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: FREEDOM HOUSE FELLOWSHIP, INC.

## Current Principal Place of Business:

FAITH COMMUNITY FELLOWSHIP  
3264 TOWNSEND BLVD  
JACKSONVILLE, FL 322772751 US

## Current Mailing Address:

FAITH COMMUNITY FELLOWSHIP  
3264 TOWNSEND BLVD  
JACKSONVILLE, FL 322772751 US

## New Principal Place of Business:

FREEDOM HOUSE FELLOWSHIP  
3264 TOWNSEND BLVD  
JACKSONVILLE, FL 322772751 US

## New Mailing Address:

FREEDOM HOUSE FELLOWSHIP  
3264 TOWNSEND BLVD  
JACKSONVILLE, FL 322772751 US

FEI Number: 59-3054501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAN STADEN, DEON  
3264 TOWNSEND BLVD.  
JACKSONVILLE, FL 32277 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: PD ( ) Delete  
Name: VAN STADEN, DEON  
Address: 7405 MAPLE TREE DR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD ( ) Delete  
Name: DESIENA, LOUIS  
Address: 2178 BRIGHTON BAY TRAIL WEST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: BENAVIDEZ, RICARDO  
Address: 2041 PLANTATION DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD (X) Delete  
Name: LEWIS, HERBERT  
Address: 939 MILLARD COURT W  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: DUPONT, PHILLIP  
Address: 4661 CONFEDERATE OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete  
Name: BURK, MARGARET  
Address: 4090 HODGES BLVD #1105  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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.

SIGNATURE: DEON VAN STADEN

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date