

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42909

FILED
Apr 22, 2009
Secretary of State

Entity Name: FREEDOM HOUSE FELLOWSHIP, INC.

Current Principal Place of Business:

FREEDOM HOUSE FELLOWSHIP
3264 TOWNSEND BLVD
JACKSONVILLE, FL 322772751 US

New Principal Place of Business:

Current Mailing Address:

FREEDOM HOUSE FELLOWSHIP
3264 TOWNSEND BLVD
JACKSONVILLE, FL 322772751 US

New Mailing Address:

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: 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:

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 VANSTADEN

P

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date