2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49515

FILED Jan 22, 2005 Secretary of State

Entity Name: UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1320 COCO PLUM DRIVE MARATHON, FL 33050 **Current Mailing Address: New Mailing Address:** 1320 COCO PLUM DRIVE MARATHON, FL 33050 US FEI Number: 65-0350843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWE, GARY B 1320 COCO PLUM DRIVE MARATHON, FL 33050 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CASEY, RICK CASEY, RICK MR Name: Name: 30960 BAILEY LN (PO 303) Address: 30960 BAILEY LN (PO 303) Address: BIG PINE, FL 33043 City-St-Zip: City-St-Zip: BIG PINE, FL 33043 Title: Title: (X) Change () Addition () Delete READ, SHERRY Name: READ, SHERRY MRS Name: Address: 1509 PATRICIA ST Address: 1509 PATRICIA ST City-St-Zip: KEY WEST, FL 33050 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: (X) Change () Addition MEARNS, MARJORIE READ, NELSON MR Name: Name: 400 70TH ST. GULF Address: Address: 1509 PATRICIA ST City-St-Zip: MARATHON, FL 33050 City-St-Zip: KEY WEST, FL 33040 Title: D (X) Delete Title: () Change () Addition MAUK, JEAN Name: Name: Address: 5450 DORN RD Address: City-St-Zip: LITTLE TORCH, FL 33042 City-St-Zip: Title: (X) Delete Title: () Change () Addition READ, NELSON Name: Name: 1509 PATRICIA ST. Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: (X) Delete Title: () Change () Addition ROSSBACH, CHRIS Name: Name: Address: 135 COCO PLUM #4B Address: MARATHON, FL 33050 City-St-Zip: City-St-Zip:

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: NELSON READ S 01/22/2005