


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90038 037 \*\*\*\*70.00

<b>DOCUMENT # N49515</b>	
1. Entity Name <b>UNITED STATES FELLOWSHIP OF FLORIDA, INC.</b>	

Principal Place of Business <b>1320 COCO PLUM DRIVE MARATHON, FL 33050 US</b>	Mailing Address <b>1320 COCO PLUM DRIVE MARATHON, FL 33050 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01312006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LOWE, GARY B</b> <b>1320 COCO PLUM DRIVE</b> <b>MARATHON, FL 33050</b>		Name <b>VICTORIA WEEKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1320 COCO PLUM DRIVE</b> City <b>MARATHON</b> FL <b>33050</b>	

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 *Victoria Weeks* **VICTORIA WEEKS** 01-31-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CASEY, RICK MR</b> <b>30960 BAILEY LN (PO 303)</b> <b>BIG PINE, FL 33043</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>READ, NELSON MR.</b> <b>1509 PATRICIA ST.</b> <b>KEY WEST, FL 33040</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>READ, SHERRY MRS</b> <b>1509 PATRICIA ST</b> <b>KEY WEST, FL 33040</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>READ, NELSON MR</b> <b>1509 PATRICIA ST</b> <b>KEY WEST, FL 33040</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CASEY, RICK MR</b> <b>30960 BAILEY LN</b> <b>BIG PINE, FL 33043</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHREIBER, DAVID J, M.D</b> <b>6 FLORAL AVENUE</b> <b>KEY WEST, FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RUSSIN, LINDA MS</b> <b>110 FRONT STREET</b> <b>KEY WEST, FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORATO, MARLENE MS</b> <b>17 SHIP'S WAY</b> <b>BIG PINE KEY, FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Victoria Weeks* **VICTORIA WEEKS** 01-31-06 305-743-4129  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

60013188  
#N49515

## 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	D	ADD
NAME:	TODD, CHRISTOPHER REV	
STREET ADDRESS:	30243 COCONUT HIGHWAY	
CITY-ST-ZIP:	BIG PINE KEY. FL 33043	

TITLE	D	ADD
NAME:	SMITH, ELIZABETH CATHERINE MS.	
STREET ADDRESS:	2201 S. ROOSEVELT BLVD., UNIT 320	
CITY-ST-ZIP:	KEY WEST, FL 33040	