

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49515

FILED
Apr 15, 2009
Secretary of State

Entity Name: UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Current Principal Place of Business:

1320 COCO PLUM DRIVE
MARATHON, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

1320 COCO PLUM DRIVE
MARATHON, FL 33050 US

New Mailing Address:

FEI Number: 65-0350843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREWING, JANICE
3416 FLAGLER AVENUE
KEY WEST, FL 33040 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: T () Delete
Name: NELSON, READ MR
Address: 1509 PATRICIA ST
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: O'LEAR, JENNIFER
Address: 1631 LAIRD STREET
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: CASEY, RICK MR
Address: 30960 BAILEY LN
City-St-Zip: BIG PINE KEY, FL 33043

Title: D () Delete
Name: KEITH, JUNE
Address: 411 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: RUSSIN, LINDA MS
Address: 110 FRONT ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SIPES, JOANN
Address: 29879 NEWFOUND BLVD
City-St-Zip: BIG PINE KEY, FL 33043

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: D (X) Change () Addition
Name: MALAFY, RICHARD MR
Address: 819 98TH STREET
City-St-Zip: KEY WEST,, FL 33050

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: JANICE DREWING

DIIR

04/15/2009

Electronic Signature of Signing Officer or Director

Date