

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

90105-

<b>DOCUMENT # N96000004334</b> 1. Entity Name <b>UNITED FELLOWSHIP FOR THE NEEDY, INC.</b>		05-03-2007 90029 046 *****61.25	
Principal Place of Business <b>127 SOUTH M STREET LAKE WORTH, FL 33460</b>		Mailing Address <b>127 SOUTH M STREET LAKE WORTH, FL 33460</b>	
2. Principal Place of Business - No P.O. Box # <b>711 W. INDIANTOWN RD</b>		3. Mailing Address <b>JACKIE</b>	
Suite, Apt. #, etc. <b>A4</b>		Suite, Apt. #, etc.	
City & State <b>JUPITER</b>		City & State	
Zip <b>33458</b>		Country	
Country		Country	
6. Name and Address of Current Registered Agent <b>WILEY, ROY 711 WEST INDIANTOWN RD SUITE A4 JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILEY, ROY 711 WEST INDIANTOWN RD SUITE A4 JUPITER, FL 33458 <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	VD DENNIS, DANIEL 711 WEST INDIANTOWN RD SUITE A4 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DANIELLE DENNIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FOSTER, JENNIFER 711 WEST INDIANTOWN RD SUITE A4 JUPITER, FL 33458 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: <b>Roy Wiley</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-30-07</b> <b>561-744-9547</b> <small>Date Daytime Phone #</small>	