


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90040 032 ****70.00

DOCUMENT # N97000002394	
1. Entity Name EXCHANGED LIFE FELLOWSHIP CORP.	

Principal Place of Business 1319 DONNA AVE COCOA FL 32922	Mailing Address 1319 DONNA AVE COCOA FL 32922
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2. Principal Place of Business 1319 Donna Ave Suite, Apt. #, etc.	3. Mailing Address 1319 Donna Ave Suite, Apt. #, etc.
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City & State Cocoa FL	City & State Cocoa FL
Zip 32922	Zip 32922
Country Brevard	Country USA

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERRY, FRANK SR 1319 DONNA AVE COCOA FL 32922	
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7. Name and Address of New Registered Agent	
Name Frank Berry Sr.	
Street Address (P.O. Box Number is Not Acceptable) 1319 Donna Ave	
City Cocoa	Zip Code FL 32922

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 Frank Berry Sr. **DATE** 2-4-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BERRY, FRANK SR	
STREET ADDRESS 1319 DONNA AVE	
CITY-ST-ZIP COCOA FL 32922	
TITLE ST	<input type="checkbox"/> Delete
NAME BERRY, DELORES	
STREET ADDRESS 1319 DONNA AVE	
CITY-ST-ZIP COCOA FL 32922	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME BERRY, FRANK JR	
STREET ADDRESS 1139 DOLPHIN DRIVE	
CITY-ST-ZIP ROCKLEDGE FL 32955	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME BERRY, VASHON	
STREET ADDRESS 1139 DOLPHIN DR	
CITY-ST-ZIP ROCKLEDGE FL 32955	
TITLE T	<input type="checkbox"/> Delete
NAME BERRY, LAWYER R	
STREET ADDRESS 1050 N FISKE BLVD #306	
CITY-ST-ZIP COCOA FL 32922	
TITLE T	<input type="checkbox"/> Delete
NAME BERRY, ELVENA F	
STREET ADDRESS 1050 N FISKE BLVD #306	
CITY-ST-ZIP COCOA FL 32922	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Frank Berry Sr. **FRANK BERRY SR.** **DATE** 2-4-04 **Daytime Phone #** 321-633-4752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR