

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

BERRY, FRANK SR
1319 DONNA AVE
COCOA FL 32922

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BERRY, FRANK SR
STREET ADDRESS 1319 DONNA AVE
CITY-ST-ZIP COCOA FL 32922

TITLE ST ☐ Delete
NAME BERRY, DELORES
STREET ADDRESS 1319 DONNA AVE
CITY-ST-ZIP COCOA FL 32922

TITLE T ☐ Delete
NAME BERRY, LAWYER R
STREET ADDRESS 1050 N FISKE BLVD #306
CITY-ST-ZIP COCOA FL 32922

TITLE T ☐ Delete
NAME BERRY, ELVENA F
STREET ADDRESS 1050 N FISKE BLVD #306
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000500985
CITY-ST-ZIP 04/25/06-80043-018 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.