2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2009
Secretary of State

DOCUMENT# N97000002394

Entity Name: EXCHANGED LIFE FELLOWSHIP CORP.

Current Principal Place of Business:

1319 DONNA AVE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1319 DONNA AVE
COCOA, FL 32922

New Mailing Address:

FEI Number: 74-3225035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERRY, FRANK SR
1319 DONNA AVE
COCOA, FL 32922 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: PD ( ) Delete
Name: BERRY, FRANK SR
Address: 1319 DONNA AVE
City-St-Zip: COCOA, FL 32922

Title: ST ( ) Delete
Name: BERRY, DELORES
Address: 1319 DONNA AVE
City-St-Zip: COCOA, FL 32922

Title: T ( ) Delete
Name: BERRY, LAWYER R
Address: 1050 N FISKE BLVD #306
City-St-Zip: COCOA, FL 32922

Title: T ( ) Delete
Name: BERRY, ELVENA F
Address: 1050 N FISKE BLVD #306
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: BERRY, DELORIS
Address: 1319 DONNA AVE
City-St-Zip: COCOA, FL 32922

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FRANK BERRY SR. PD 07/10/2009
Electronic Signature of Signing Officer or Director — Date