

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002394

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**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 ( )**

**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  
**Name:** BERRY, FRANK SR  
**Address:** 1319 DONNA AVE  
**City-St-Zip:** COCOA, FL 32922

**Title:** ST  
**Name:** BERRY, DELORIS  
**Address:** 1319 DONNA AVE  
**City-St-Zip:** COCOA, FL 32922

**Title:** T  
**Name:** BERRY, LAWYER JR.  
**Address:** 1050 N FISKE BLVD #306  
**City-St-Zip:** COCOA, FL 32922

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

I hereby 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 all other like empowered.

**SIGNATURE:** FRANK BERRY, SR.

PD

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date