2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N98000002317

Entity Name: SONSHIP CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

1334 VICKERS RD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1334 VICKERS RD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3541125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TELLERS, KURT W
2570 NOBLE DRIVE
TALLAHASSEE, FL 32312 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: PC ( ) Delete
Name: TELLERS, KURT W
Address: 2570 NOBLE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete
Name: NEAL, WILLIAM H JR
Address: 437 HITSON LANE
City-St-Zip: QUINCY, FL 32352

Title: SD ( ) Delete
Name: NEAL, CHARLOTTE
Address: 437 HITSON LANE
City-St-Zip: QUINCY, FL 32352

Title: VD ( ) Delete
Name: TELLERS, SHARON
Address: 2570 NOBLE DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DR. KURT W. TELLERS PC 04/07/2009

Electronic Signature of Signing Officer or Director — Date