2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# N98000002574

Entity Name: METAMORPHOSIS FELLOWSHIP INC.

Current Principal Place of Business:

88 HEATHER POINT
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

88 HEATHER POINT
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 59-3569367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYERS, JEREMY D
2193 SR 44
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

BYERS, JEREMY D
88 HEATHER PT.
NEW SMYRNA BEACH, FL 32169 US

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: _____ 01/12/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BYERS, JEREMEY D
Address: 2193 SR 44
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D ( ) Delete
Name: HILL, DAVID
Address: 4596 BEACON LIGHT RD
City-St-Zip: EDGEWATER, FL 42141

Title: D ( ) Delete
Name: PIECHOWSKI, WARREN
Address: 109 BIGELOW DR
City-St-Zip: EDGEWATER, FL 32132

Title: D ( ) Delete
Name: GOFF, TOM
Address: 2951 ALLISON ST
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: SHARP, DAVID
Address: 2 SEA SIDE CT
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BYERS, JEREMEY D
Address: 88 HEATHER PT CT
City-St-Zip: NEW SMYRNA BCH, FL 32169

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 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 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: JEREMEY D. BYERS P 01/12/2004
Electronic Signature of Signing Officer or Director — Date