2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005107

1. Entity Name
UTTERMOST PARTS FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
3321 KING CHARLES CIR. SEFFNER, FL 33584	P.O. BOX 491 BRANDON, FL 33509

01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3525796
☐ Applied For
☐ Not-Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRUEH, HENRY M
3321 KING CHARLES CIR.
SEFFNER, FL 33584

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRUEH, HENRY M
STREET ADDRESS	3321 KING CHARLES CIR.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	D
NAME	STEBBINS, CHRISTOPHER M
STREET ADDRESS	4203 SPRING WAY CIR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	CABRERA, ORESTES MARCOS JR
STREET ADDRESS	523 LAUREL HILL
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80044-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: CHRISTOPHER M. STEBBINS 1/18/05 8139515 45
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #