

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003438**

1. Entity Name

20/200 FELLOWSHIP, INC.



Principal Place of Business  
4992 SE KINGFISH AVE  
STUART FL 34997

Mailing Address  
PO BOX 1208  
PORT SALERNO FL 34992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0924336

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLIS, BRENDA-ANN  
3445 SE CASSELL LANE  
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: DP  
NAME: GILLIS, BRENDA-ANN  
STREET ADDRESS: 3445 SE CASSELL LANE  
CITY - ST - ZIP: STUART FL 34997 ☐ Delete

TITLE: DV  
NAME: MILLER, CARL  
STREET ADDRESS: 4805 MAGNOLIA DRIVE  
CITY - ST - ZIP: FORT PIERCE FL 34982 ☐ Delete

TITLE: DT  
NAME: MOIR, KIMBERLY  
STREET ADDRESS: 5215 SE WILLIAMS WAY  
CITY - ST - ZIP: STUART FL 34997 ☐ Delete

TITLE: S  
NAME: MOIR, KIMBERLY  
STREET ADDRESS: 5215 SE WILLIAM WAY  
CITY - ST - ZIP: STUART FL 34997 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY - ST - ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 000000027818  
CITY - ST - ZIP: 02/03/04-80061-030 70.00

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

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:

*Kimberly M. Moir*

Kimberly M. Moir, Treas.

1/29/04

772 283 5087