

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003438

Entity Name: 20/200 FELLOWSHIP, INC.

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

4992 SE KINGFISH AVE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

PO BOX 1208
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 65-0924336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOJR, KIMBERLY TREAS
4992 SE KINGFISH AVE
STUART, FL 34997 US

Name and Address of New Registered Agent:

GORDON, LINDA TREAS
4992 SE KINGFISH AVE
STUART, FL 34997 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: LINDA GORDON

09/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDRINI, RONALD
Address: 4992 SE KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

Title: DV () Delete
Name: LENARTIENE, JOSEPH VP
Address: 4992 SE KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

Title: DT () Delete
Name: MOIR, KIMBERLY
Address: 4992 SE KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: STEINMETZ, AMY
Address: 4992 SE KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: GORDON, LINDA
Address: 4992 SE KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

Title: DS (X) Change () Addition
Name: LENARTIENE, CHERYL
Address: 4992 SE KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

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: LINDA GORDON

DT

09/05/2007

Electronic Signature of Signing Officer or Director

Date