

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003438

Entity Name: 20/200 FELLOWSHIP, INC.

FILED  
Mar 29, 2009  
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)

## Name and Address of Current Registered Agent:

GORDON, LINDA TREAS  
4992 SE KINGFISH AVE  
STUART, FL 34997 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: DP ( ) Delete  
Name: KENNEDY, KATHARINE  
Address: 4992 SE KINGFISH AVENUE  
City-St-Zip: STUART, FL 34997

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

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

Title: DS ( ) Delete  
Name: HULL, JACKIE  
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: DV (X) Change ( ) Addition  
Name: MELO, SUE ELLEN VP  
Address: 4992 SE KINGFISH AVENUE  
City-St-Zip: STUART, FL 34997

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

Title: DS (X) Change ( ) Addition  
Name: COHEN, SUE  
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

TREA

03/29/2009

Electronic Signature of Signing Officer or Director

Date