

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007599

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC6554411095**

**Entity Name:** WON FAMILY FELLOWSHIP INC

**Current Principal Place of Business:**

1001 GREENWOOD WAY  
COCOA, FL 32922

**Current Mailing Address:**

1001 GREENWOOD WAY  
COCOA, FL 32922

**FEI Number: 81-3538595**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INCOME TAX & MORE  
2800 AURORA RD  
SUITE G  
MELBOURNE, FL 32935 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BLOWES, MALCOLM DR  
Address 1001 GREENWOOD WAY  
City-State-Zip: COCOA FL 32922

Title VP  
Name PERGAMO, SHARON PASTOR  
Address 7455 BARTOW AVENUE  
City-State-Zip: COCOA FL 32927

Title TREA  
Name PERGAMO, DANIEL PASTOR  
Address 7455 BARTOW AVENUE  
City-State-Zip: COCOA FL 32927

Title SEC  
Name BLOWES, PHYLLIS PASTOR  
Address 1001 GREENWOOD WAY  
City-State-Zip: COCOA FL 32922

Title BD M  
Name MOCK, JOCK  
Address 127 BERMUDA STREET  
City-State-Zip: TITUSVILLE FL 32980

Title BD M  
Name MOCK, DEBORAH  
Address 127 BERMUDA STREET  
City-State-Zip: TITUSVILLE FL 32980

*I hereby 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 all other like empowered.*

**SIGNATURE: MALCOLM BLOWES**

**PRESIDENT**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date