

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 19 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **708668** (9)  
1. Corporation Name  
**FELLOWSHIP INCORPORATED**

Principal Place of Business Mailing Address  
**140 N W 44TH ST OAKLAND PARK FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/18/1965** 3a. Date of Last Report **02/28/1994**  
4. FEI Number **59-6159363** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**STEELE, BRADLEY E.  
3930 N.E. 5TH AVENUE  
FORT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent  
81 Name **TERRY BLACK**  
82 Street Address (P.O. Box Number is Not Acceptable) **3930 N.E. 5TH AVE.**  
83  
84 City **FT. LAUDERDALE** FL 85 Zip Code **33334**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **TERRY BLACK** (NOTE: Registered Agent signature required when reinstating) DATE **4/10/95**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD EWART, JAMES 5900 NW 17 PLACE SUNRISE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KING, ARTHUR H 2001 N E 21ST AVE FT LAUDERDALE, FL 00000</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HOFFMEIER, FREDERICK 7575 BLACK OLIVE DR TAMARAC FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BLACK, TERRY 4020 GALT OCEAN DRIVE FT. LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD STEELE, BRADLEY 3930 NE 5 AVENUE FT. LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CRABBS, DENVER W 12512 NW 44 ST POMPANO BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD EWART, JAMES 5900 N.W. 17 PLACE SUNRISE, FL.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>CD TALLMADGE, RONALD 6660 S.W. 2ND CT. PLANTATION, FL</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>TD HOFFMEIER, FREDERICK 7575 BLACK OLIVE DR. TAMARAC, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>PD BLACK, TERRY 4020 GALT OCEAN DRIVE FT. LAUDERDALE, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D BLACK, MALCOLM 3001 N.E. 58TH ST FT. LAUDERDALE, FL</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>VD CRABBS, DENVER W. 12512 N.W. 44 ST POMPANO BCH FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **TERENCE BLACK, SECY.** (Date) **4/10/95** (Signature) **563-4696**