

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 03/18/1965  
3a. Date of Last Report: 04/19/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6159363	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24	9. Name and Address of Current Registered Agent			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

BLACK, TERRY  
3930 NE 5TH AVE  
FORT LAUDERDALE FL 33334

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>RD</del> EWART, JAMES <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWART, JAMES	1.2 NAME	
STREET ADDRESS	5900 NW 17 PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	1.4 CITY - ST - ZIP	
TITLE	CQ TALLMADGE, RONALD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ANDRE L GALVIS VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TALLMADGE, RONALD	2.2 NAME	
STREET ADDRESS	6660 SW 2ND CT	2.3 STREET ADDRESS	516 MCKIMLEY STREET
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	HOLLYWOOD, FLA. 33020
TITLE	TD HOFFMEIER, FREDERICK <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HOFFMEIER, FREDERICK	3.2 NAME	
STREET ADDRESS	7575 BLACK OLIVE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	3.4 CITY - ST - ZIP	
TITLE	SD BLACK, TERRY <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BLACK, TERRY	4.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	D BLACK, MALCOLM <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BLACK, MALCOLM	5.2 NAME	
STREET ADDRESS	3001 NE 58 ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	VD CRABBS, DENYER W <input checked="" type="checkbox"/> DELETE	6.1 TITLE	JAY SKILLER PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRABBS, DENYER W	6.2 NAME	
STREET ADDRESS	12512 NW 44 ST	6.3 STREET ADDRESS	5309 SW 86TH WAY
CITY - ST - ZIP	POMPANO BCH FL	6.4 CITY - ST - ZIP	COOPER CITY, FLA 33328

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: Jennifer Hoffer Date: 2/15/96 Daytime Phone #: 954-735-8770

CR2E037 (12/95)