FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708668

(9)

FELLOWSHIP INCORPORATED

1 LLLO1	TOTAL MOOTH CHAILD								
Principal Place	e of Business	Mailing Address					861 01911 9 81	8)1 8 1811 81811 9 11	11 #1 #11 1861
140 N W 44TH : OAKLAND PARK	T-1	140 N W 44TH ST OAKLAND PARK FL 33309	3-3924						
						3. Date Incorporated or Qualified 03/18/1965	3a. D	02/21/199	port 6
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 59-6159363			plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	е	City & State				6. Election Campaign Financing		\$5.00	<u> </u>
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Count	ry		This corporation has liability for Florida Statutes		e tax under s. M No	199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30			10. Name and Address of New Re		T . T	
			8	1	Name				··········
BLACK,			8	2	Street Addr	ress (P.O. Box Number is Not Acceptal	ole)		
	5th ave Auderdale FL 33334		8	3					
			8	14	City		<u> </u>	85 Zip (Code
						the state of the s	FL		a realistered
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stati m familiar with, and accept the obliq	e of Florida. Such change was	: aumorized	יעמ	the corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered as	gent and title it applicable. (NO ND DIRECTORS	13.	gen	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFI		D DIRECTOR	S IN 12
TITLE	SD	DELETE	1.1 TITL	 E			<u></u>	Change	Addition
NAME	EWART, JAMES		1.2 NAM	IE.					
STREET ADDRESS	5900 NW 17 PLACE		1.3 STR	EET #	ADDRESS	•			
CITY - ST - ZIP	SUNRISE FL		1.4 CITY	-ST	r-ZIP				
TITLE	VP	DELETE	2.1 TITE	E				Change	Addition
NAME	LHALOTS, ANDRE		2.2 NAM	ΙE					
STREET ADDRESS	5106 MCKINLEY ST		2.3 STRE	EET A	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CIT	Y - \$1	T-ZIP				1 1 4 4 10 1
TITLE	TD	DELETE	3.1 TITL	E		No.	• • •	Change	Addition
NAME	HOFFMEIER, FREDERICK		3.2 NAM	4E					
STREET ADDRESS	7575 BLACK OLIVE DR		3.3 STRI	EET /	ADDRE\$S				
CITY-ST-ZIP	TAMARAC FL		3.4. CIT		T-ZIP			Change	☐ Addition
THTLE	SD STANK TERRY	LII DELETE	4.1 TITL		1			LJ Change	LLI Addition
NAME	BLACK, TERRY		4. 2 NA)						
STREET ADDRESS	4020 GALT OCEAN DRIVE		l l		ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	T OFFETT	4.4 CITY		T-ZIP			Change	Addition
TITLE	D D	DELETE	5.1 TITL					FT CHAINE	M VONCOLL
NAME	BLACK, MALCOLM 3001 NE 58 ST		5.2 NAM		ADDRESS				
STREET ADDRESS	FT. LAUDERDALE FL				ADDRESS				
CITY-ST-ZIP	PD PD	DELETE	5.4 CITY 6.1 TITL			D		Change	Addition
TITLE	1	PRI DITTELE					as		
NAME	SEILER, JAY 5309 SW 88TH WAY		6.2 NAN		ADDRESS RO	DAYLU LI HULMANY	. ·		
STREET ADDRESS	COOPER CITY FL		6.3 STH 6.4 C(T)		ADDRESS /	OHALD LITHULMADG to W. PROSpect Repl SOKLUMED BK, RLA.	22	304	
CITY_ST_ZIP	I DUDPER UIT I'L		■ 64 (31)	- 51	1-/Ir I⊸47\	いたい しんりんだい かりしょ だっとり・		/ - /	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i); 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

AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97.

Daytime Phone # 0035819

FILED

Jan 31 1997 8:00am

Secretary of State