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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708668

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/18/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6159363
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BLACK, TERRY 3930 NE 5TH AVE FORT LAUDERDALE FL 33334	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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				
TITLE	SD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	EWART, JAMES	1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5900 NW 17 PLACE	1.2 NAME	E. Du JAMES HAINL	
CITY-ST-ZIP	SUNRISE FL	1.3 STREET ADDRESS	440 SE 17TH	
TITLE	VP	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
NAME	LHALOTS, ANDRE	2.1 TITLE	RON TUTTLE P.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5106 MCKINLEY ST	2.2 NAME	8431 NW 78th	
CITY-ST-ZIP	HOLLYWOOD FL	2.3 STREET ADDRESS	TAMARAC, FL 33321	
TITLE	TD	2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMEIER, FREDERICK	3.1 TITLE	V.C. D	
STREET ADDRESS	7575 BLACK OLIVE DR	3.2 NAME	SEYMOUR ZWAIN	
CITY-ST-ZIP	TAMARAC FL	3.3 STREET ADDRESS	2217 Cypress Island Dr #406	
TITLE	SD	3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
NAME	BLACK, TERRY	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4020 GALT OCEAN DRIVE	4.2 NAME		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.3 STREET ADDRESS		
TITLE	D	4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, MALCOLM	5.1 TITLE		
STREET ADDRESS	3001 NE 58 ST	5.2 NAME		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.3 STREET ADDRESS		
TITLE	PD	5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLMADGE, RONALD	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	140 WEST PROSPECT ROAD	6.2 NAME	TALLMADGE, RON	
CITY-ST-ZIP	OAKLAND PARK FL	6.3 STREET ADDRESS	5560 SW 2nd	
		6.4 CITY-ST-ZIP	PLANTATION, FL 33317	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 3-19-99 954-755-8393
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 2907 (11/08)