

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90242 032 ****61.25

DOCUMENT # 708668

1. Entity Name

FELLOWSHIP INCORPORATED

Principal Place of Business

Mailing Address

140 N W 44TH ST
 OAKLAND PARK FL 33309

140 N W 44TH ST
 OAKLAND PARK FL 33309-3924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6159363

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	EWART, JAMES	
STREET ADDRESS	5900 NW 17 PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HAIN, JAMES	
STREET ADDRESS	440 SE ITEM	
CITY-ST-ZIP	POMPANO BEACH FL 33066	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOFFMEIER, FREDERICK	
STREET ADDRESS	7575 BLACK OLIVE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TUTTLE, RON	
STREET ADDRESS	8431 NW 78 CT	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	ZWAIN, SEYMOUR	
STREET ADDRESS	2217 CYPRESS ISLAND DR #406	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALLMADGE, RONALD	
STREET ADDRESS	5560 SW 2 CT	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00 954-175-870
 Date Daytime Phone #

CR2E037 (9/99)