

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90088 037 ****61.25

0045885

DOCUMENT # 708668

1. Entity Name
FELLOWSHIP INCORPORATED

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

C0040813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-6159363 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
SEE 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD Tom Thompson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	266 NW 90 Ave	
CITY-ST-ZIP	COVIL SPRING FL 33071	
TITLE NAME	PO HAIN, James P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	230 SE 50T	
CITY-ST-ZIP	POMPANO FL 33060	
TITLE NAME	TD Thatcher, Paul	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2900 N COURSE DR Unit 1006	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME	PO Yeager, Lorry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2641 NE 11 RT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE NAME	VD Dick Lee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2895 NW 92 Ave	
CITY-ST-ZIP	COROL SPRING FL 33065	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)