

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007893

**Entity Name:** FELLOWSHIP LIVING FACILITIES, INC.

**Current Principal Place of Business:**

451 BANKS RD  
UNIT # 8  
MARGATE, FL 33063

**Current Mailing Address:**

451 BANKS RD  
UNIT # 8  
MARGATE, FL 33063 US

**FEI Number:** 03-0566838

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RICCARDI, RICHARD V  
4829 S HEMINGWAY CIRCLE  
MARGATE, FL 33063 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            RICCARDI, RICHARD V  
Address        4829 S HEMINGWAY CIRCLE  
City-State-Zip: MARGATE FL 33063

Title            DIR  
Name            RICCARDI, SUSAN  
Address        4829 S HEMINGWAY CIRCLE  
City-State-Zip: MARGATE FL 33063

Title            DIR  
Name            SATTEE, ANDREW SEC  
Address        1701 12 ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title            DIR  
Name            RICCARDI, RICHARD PRES/TR  
Address        4829 S HEMINGWAY CIRCLE  
City-State-Zip: MARGATE FL 33063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RICHARD V RICCARDI

**CEO**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date