

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007893

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**0359528926CC**

**Entity Name:** FELLOWSHIP RECOVERY COMMUNITY ORGANIZATION, 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:**

BARKLEY, SARA  
401 BANKS RD  
#5  
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: SARA BARKLEY**

**01/31/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           CHAIRMAN  
Name           RICCARDI, MICHAEL V  
Address        8 WOODLEE ROAD  
City-State-Zip: COLD SPRING HARBOR NY 11724

Title           VC  
Name           SMYTH, GARY  
Address        4121 NW FIFTH STREET  
                  206  
City-State-Zip: PLANTATION FL 33317

Title           SECRETARY  
Name           FEINGOLD, JIF  
Address        22266 GARRISON ST  
City-State-Zip: BOCA RATON FL 33428

Title           DIRECTOR  
Name           ATKINSON, WILL  
Address        514 S BETTY LANE  
City-State-Zip: CLEARWATER FL 33756

Title           DIRECTOR  
Name           COOKE, LINDA  
Address        1101 RIVER REACH DR  
                  #404  
City-State-Zip: FORT LAUDERDALE FL 33315

Title           CEO  
Name           RICCARDI, RICHARD  
Address        451 BANKS RD  
                  APT # 8  
City-State-Zip: MARGATE FL 33063

Title           COO  
Name           BARKLEY, SARA  
Address        401 BANKS RD  
                  #5  
City-State-Zip: MARGATE FL 33063

**Continues on page 2**

*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: SARA BARKLEY**

**COO**

**01/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name HURLEY, KARYN

Address 5406 EAST AVE

City-State-Zip: WEST PALM BEACH FL 33407